

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003220

FILED
Jan 05, 2007
Secretary of State

Entity Name: HATRICK INVESTMENTS, INC.

Current Principal Place of Business:

30725 AURORA ROAD
SOLON, OH 44139

New Principal Place of Business:

Current Mailing Address:

30725 AURORA ROAD
SOLON, OH 44139

New Mailing Address:

FEI Number: 34-1897606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE #4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: KASSIGKEIT, HENRY C
Address: 30 EASTON LANE
City-St-Zip: MORELAND HILLS, OH 44022

Title: T () Delete
Name: LASALVIA, ROBERT F
Address: 30 EASTON LANE
City-St-Zip: MORELAND HILLS, OH 44022

Title: O () Delete
Name: SETLOCK, PATRICIA
Address: 30 EASTON LANE
City-St-Zip: MORELAND HILLS, OH 44022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: KASSIGKEIT, HENRY C
Address: 31400 GATE MILLS BLVD
City-St-Zip: PEPPER PIKE, OH 44124

Title: DIR (X) Change () Addition
Name: LASALVIA, ROBERT F
Address: 30725 AURORA ROAD
City-St-Zip: SOLON, OH 44139

Title: DIR (X) Change () Addition
Name: SETLOCK, PATRICIA
Address: 30725 AURORA ROAD
City-St-Zip: SOLON, OH 44139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F LASALVIA

DIR

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date