

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078063

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** HAYMAN GLOBAL CONSULTANTS, INC.

**Current Principal Place of Business:**

24 SHEPERD DRIVE  
SPRINGFIELD, MA 01129 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 692361  
ORLANDO, FL 32869 US

**New Mailing Address:**

**FEI Number:** 20-4991816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THE FLORIDA INCORPORATING COMPANY  
1203 GOVERNORS SQUARE BLVD.  
STE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

ACCOUNTING ALLIANCE FOR SMALL BUSINESS P.A  
6543 S. ORANGE AVE  
STE 4  
ORLANDO, FL 32809 US

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: KENNETH MUELLER

02/07/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIAD, HAYMAN  
Address: 24 SHEPERD DRIVE  
City-St-Zip: SPRINGFIELD, MA 01129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HAYMAN RIAD

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date