## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000078063

Entity Name: HAYMAN GLOBAL CONSULTANTS, INC.

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 24 SHEPERD DRIVE SPRINGFIELD, MA 01129 US **Current Mailing Address: New Mailing Address:** P.O. BOX 692361 ORLANDO, FL 32869 US FEI Number: 20-4991816 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition Title: ( ) Delete Title: RIAD, HAYMAN Name: Name:

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

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 04/29/2009