
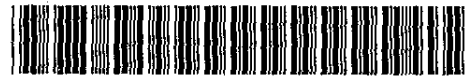


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 730270 1. Entity Name HILLHOUSE MANAGEMENT, INC.			
Principal Place of Business		Mailing Address	
601 W OLD HWY 441 P O BOX 1429 MT DORA FL 32756-1429 US		601 W. OLD HWY., #441 PO BOX 1429 MOUNT DORA FLORIDA 32756-1429 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BONOLLO, HELEN G 601 W OLD HIGHWAY 441, 6A MOUNT DORA FL 32757		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONOLLO, HELEN G	NAME	
STREET ADDRESS	601 W. OLD HIGHWAY, 6A	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, TRACY	NAME	
STREET ADDRESS	601 W. OLD HWY 441, 3B	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKESLEE, KATHERINE	NAME	
STREET ADDRESS	601 W OLD HWY 441 2A	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNHAM, ROSWELL	NAME	
STREET ADDRESS	601 W OLD HWY 441 7A	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREHOUSE, NELSON	NAME	
STREET ADDRESS	601 W OLD HWY 441 7B	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: HELEN G. BONOLLO		Date: 2/10/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1677904** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FL Zip Code

Make Check Payable to Florida Department of State

1101000232985
02/17/05-80023-024 61.25

SIGNATURE: **HELEN G. BONOLLO** *Helen G Bonollo* Date: **2/10/05**