

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 705678 1. Entity Name HAMPTON HOUSE EAST, INC.				 FILED 08 DEC 12 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2401 NE 36 STREET LIGHT HOUSE POINT, FL 33064				Mailing Address 2626 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Beacon Property Mgmt			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 18			
City & State		City & State Boca Raton FL			
Zip	Country	Zip 33431	Country USA		
6. Name and Address of Current Registered Agent MANAGEMENT ASSIST INC 2626 E COMMERCIAL BLVD #4 FT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Beacon Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 500 NE Spanish River Blvd Suite 18 City Boca Raton FL Zip Code 33431	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	DP AVIMELEH, LARRY 2401 NE 36TH ST #104 LIGHT HOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138985409 12/12/08--01036--006 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BATES, WILLIAM L JR. 2401 NE 36TH ST #105 LIGHT HOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STANLEY, ERIC 2401 NE 36TH ST #107 LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KIRBY, LENORE 2401 NE 36TH ST #205 LIGHT HOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, WILLIAM L DR 8098 LONG ISLAND COURT FAIR HAVEN, MI 48023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: President 9/15/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 561750 0040					