2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717803

FILED Feb 26, 2009 Secretary of State

Entity Name: HILLCREST EAST NO.22, INC.

Current Principal Place of Business: New Principal Place of Business: 4350 HILLCREST DR., #104 HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 4350 HILLCREST DR., #104 HOLLYWOOD, FL 33021 US FEI Number: 59-1312442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RHODES MANAGEMENT LLC 7609 DAVIE RD EXT HOLLYWOOD, FL 33024 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CALORE, WILLIAM Name: Name: 4350 HILLCREST DR. #217 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HUFFMAN, SOPHIE Name: Address: 4350 HILLCREST DR., #500 Address: City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: Title: () Delete Title: () Change () Addition BERGER, DONALD Name: Name: 4350 HILLCREST DR #300 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: Title: () Delete Title: () Change () Addition LEHRER, EVELYN Name: Name: Address: 4350 HILLCREST DR #401 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition BADER, RAYMOND Name: Name: 4350 HILLCREST DR. #317 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SMART SMITH, LINDA LEHRER, LEON Name: Name: Address: 4350 HILLCREST DR #401 Address: 4350 HILLCREST DR #609 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD BERGER ST 02/26/2009