2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# 725600

Entity Name: BUNKER HILL, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD, 434
SUITE #5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD, 434
SUITE #5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1890264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434, STE #5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Title:	VPD	( ) Delete
Name:	ELLIOTT, RUSSELL	
Address:	1051 S HIGHLAND ST #7B	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	PD	( ) Delete
Name:	LASHAR, RUTH	
Address:	1051 S HIGHLAND ST #2A	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	(X) Delete
Name:	WALTERS, STEVE	
Address:	1051 S HIGHLAND ST #1A	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	SD	(X) Delete
Name:	JARDINE, CHARLOTTE	
Address:	1051 S HIGHLAND ST #7D	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	TD	( ) Delete
Name:	KLINGAMAN, PATRICIA	
Address:	1051 S HIGHLAND ST #2E	
City-St-Zip:	MOUNT DORA, FL 32757	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	KLINGAMAN, PATRICIA	
Address:	1051 S HIGHLAND ST #2E	
City-St-Zip:	MOUNT DORA, FL 32757	

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: RUTH LASHAR PD 03/10/2008
Electronic Signature of Signing Officer or Director — Date