2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005258

Entity Name: HHC SEAGATE, INC.

FILED Jan 29, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
400 LINDON OAKS OFFICE PARK ROCHESTER, NY 14625			SUITE 114	601 NO. CONGRESS AVE. SUITE 114 DELRAY BEACH, FL 33445		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
400 LINDON OAKS OFFICE PARK ROCHESTER, NY 14625				400 LINDEN OAKS DR ROCHESTER, NY 14625		
FEI Number	: 20-5335289	FEI Number Applied For ()	FEI Number Not App	licable () C	ertificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of Nev	/ Registered Agent:	
601 NORT	E. ANTHONY TH CONGRES BEACH, FL 33	S AVE STE 114 445 US				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered offic	e or registered agent, or both,	
SIGNATUI	RE:					
	Electron	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	WILSON, E. AN	NGRESS AVE STE 114	Title: Name: Address: City-St-Zip:	WILSON, E. ANTH	RESS AVE STE 114	
Title: Name: Address: City-St-Zip:	GRAUE, GARR	NGRESS AVE STE 114	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	SANDS, RICHA	FF DRIVE 3RD FLOOR	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	BLANK, THOM	AKS OFFICE PARK	Title: Name: Address: City-St-Zip:	P (X) CH BLANK, THOMAS N 400 LINDEN OAKS ROCHESTER, NY	DR	
Title: Name: Address: City-St-Zip:	PERK, RALPH	AKS OFFICE PARK	Title: Name: Address: City-St-Zip:	CFO (X) CH PEEK, RALPH L 400 LINDEN OAKS ROCHESTER, NY		

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH L. PEEK CFO 01/29/2007