

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2011
Secretary of State

Entity Name: HAMMOND RESIDENTIAL GROUP, INC.

Current Principal Place of Business:

6151 POWERS FERRY ROAD, SUITE 590
ATLANTA, GA 30339

New Principal Place of Business:

6151 POWERS FERRY ROAD
SUITE 590
ATLANTA, GA 30339

Current Mailing Address:

6151 POWERS FERRY ROAD, SUITE 590
ATLANTA, GA 30339

New Mailing Address:

6151 POWERS FERRY ROAD
SUITE 590
ATLANTA, GA 30339

FEI Number: 20-8437912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELMAN, KENNETH
2255 GLADES ROAD
SUITE 337W
BOCA RATON, FL 33431 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: CPT
Name: HAMMOND, VALERIE F
Address: 6151 POWERS FERRY ROAD, SUITE 590
City-St-Zip: ATLANTA, GA 30339

Title: VCVF
Name: STONE, JOYCE
Address: 6151 POWERS FERRY ROAD, SUITE 590
City-St-Zip: ATLANTA, GA 30339

Title: S
Name: STONE, JOYCE
Address: 6151 POWERS FERRY ROAD, SUITE 590
City-St-Zip: ATLANTA, GA 30339

Title: AS
Name: ROACH, CHARLES S JR
Address: 3379 PEACHTREE RD STE 700
City-St-Zip: ATLANTC, GA 30326

I hereby 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 all other like empowered.

SIGNATURE: VALERIE F. HAMMOND

CPT

01/10/2011

Electronic Signature of Signing Officer or Director

Date