2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93859

1. Entity Name

H H REALTY INVESTORS, INC.



FILED
Mar 22, 2006 08:00 Al
Secretary of State

Principal Place of Business

2295 CORPORATE BLVD. N.W.

STE. 222

BOCA RATON, FL 33431

Mailing Address

2295 CORPORATE BLVD. N.W.

STE. 222

BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

4. FEI Number ED 2242977

01182006

CR2E034 (11/05)

59-2212877

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HERRICK, NORTON 2295 CORPORATE BLVD. N.W. STE. 222 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

No Chg-P

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstance)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000476436 04/06/06-80010-001 2540.00

ANTE IN	14y 1, 2005 Fee Will be \$550.00		
10.	10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HERRICK, NORTON 2295 CORPORATE BLVD NW BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	PASD HERRICK, HOWARD 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927		
NAME STREET ADDRESS CITY-ST-ZIP	VASD HERRICK, MICHAEL 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, EVAN 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 5 RIDGEDALE AAVE SUITE 370 CEDAR KNOLLS, NJ 07927		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the report or trustee empowered to execute this report as required by Chapter 607, 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:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22706

Daylime Phone #