


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000002381 1. Entity Name NHH, INC.	
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Principal Place of Business 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104	Mailing Address 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1694600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, CLARK
5111 TAMiami TRAIL N.
NAPLES, FL 34103

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, PACE 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, DAVID A 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, LAURIE A 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
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03/13/07-00065-003 450.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Page Cooper**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pres** **2/20/07** **901 725 9631**
Date Daytime Phone #