

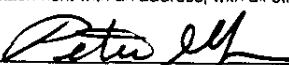


FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000004423			
1. Entity Name HARTWOOD REAL ESTATE CORPORATION			
Principal Place of Business ONE BRIGHTON ROAD TONAWANDA, NY 14150		Mailing Address ONE BRIGHTON ROAD TONAWANDA, NY 14150	
DO NOT WRITE IN THIS SPACE			
		04092008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 16-0999750	
		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 GFROERER GEROERER, PETER 3757 SOUTH ATLANTIC AVENUE UNIT 1204 DAYTONA BEACH SHORES, FL 32118		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GFROERER, PETER ONE BRIGHTON ROAD TONAWANDA, NY 14150		
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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: 		4/10/08 716 8746670	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	