2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03861

Entity Name: THE "H" GROUP, INC.

FILED Apr 21, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
450 E. LAS OLAS BLVD., STE 1500 FT. LAUDERDALE, FL 33301							
Current Mailing Address:				New Mailing Address:			
450 E. LAS OLAS BLVD., STE 1500 FT. LAUDERDALE, FL 33301							
FEI Number:	59-2455533	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
SERVICE U.S.A., INC 450 E LAS OLAS BLVD STE 1500 MIAMI, FL 33301 US				SERVICE U.S.A., INC 450 E LAS OLAS BLVD STE 1500 FORT LAUDERDALE, FL 33301 US			
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:				04/21/2009			
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HUIZENGA, H.W	S BLVD., STE 1500		Title: Name: Address: City-St-Zip:	HUIZENGA, H. 450 E. LAS OI	K) Change ()Addition WAYNE JR LAS BLVD., STE 1500 IALE, FL 33301	
Title: Name: Address: City-St-Zip:	VT () Delete BRANDEN, CRIS V 450 E. LAS OLAS BLVD., STE 1500 FT LAUDERDALE, FL 33301			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	HANDLEY, RÌCH	S BLVD., STE 15000		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HENNINGER, RO	S BLVD., STE 1500		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MUXO, ALEX	Delete S BLVD., STE 1500 DALE, FL 33301		Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: CRIS V BRANDEN VP 04/21/2009