

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2009
Secretary of State**

DOCUMENT# N00000004590

Entity Name: HAWKINS HOMES, INC.

Current Principal Place of Business:

927 N.W. 6TH ST.
POMPANO BEACH, FL 33060

New Principal Place of Business:

927 N.W. 6TH ST.
POMPANO BEACH, FL 33060 US

Current Mailing Address:

927 N.W. 6TH ST.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1045273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLINGTON, CHARLES SR.
137 N.W. 15TH STREET
POMPANO BEACH, FL 330605434 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: T () Delete
Name: BROWN, DOROTHY D
Address: 3005 LAMIRAGE DR
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: T () Delete
Name: MCLAMORE, JAMES
Address: 1584 NW SEVENTEENTH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Delete
Name: ROBINSON, DONNETTA
Address: 701 NW 20TH ST
City-St-Zip: LAUDERHILL, FL 33351

Title: CT () Delete
Name: ELLINGTON, CHARLES SR.
Address: 137 N.W. 15TH ST.
City-St-Zip: POMPANO BEACH, FL 330605434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES ELLINGTON SR.

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date