2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040003

Entity Name: NORLAND HEIGHTS, INC.

FILED Apr 06, 2009 Secretary of State

| Current P | rincipal Plac | e of Business: | New Principal Place | New Principal Place of Business: | |
|---|--|--|---|---|--|
| | . 183RD STR RDENS, FL : | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | . 183RD STR RDENS, FL 3 | | | | |
| FEI Number | : 65-1094790 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| 2101 NW 9 320 | ER, LAUREN CORPORATI TON, FL 334 | E BLVD. | | | |
| The above | , | | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATU | | | | | |
| | Electro | onic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financi | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | SCHNEIDER, |) Delete LAURENCE S RPORATE BLVD., STE. 320 N, FL 33431 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CLARKE, DO 2260 N.W. 18 |) Delete NALD F 33RD STREET ENS, FL 33056 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CLARKE, HEI 2260 N.W. 18 |) Delete LGA 3RD STREET ENS, FL 33056 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | T (HARDING, DE |) Delete ERRICK | Title: Name: | () 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.

Address:

City-St-Zip:

SIGNATURE: DONALD F. CLARKE DP 04/06/2009

2260 N.W. 183RD STREET

MIAMI GARDENS, FL 33056

Address:

City-St-Zip: