

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053377

FILED
Jan 04, 2008
Secretary of State

Entity Name: MH INVESTMENT GROUP, INC.

Current Principal Place of Business:

21240 NORTH 74TH PLACE
SCOTTSDALE, AZ 85255

New Principal Place of Business:

Current Mailing Address:

717 EAST OAK STREET
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 02-0596503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWART, HARRY J
717 E OAK ST
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

SWART, BAUMRUK & COMPANY, LLP
717 E OAK ST
KISSIMMEE, FL 34744 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: HARRY J. SWART, CPA

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JACOBSON, MARCELA
Address: 21240 NORTH 74TH PLACE
City-St-Zip: SCOTTSDALE, AZ 85255

Title: DST () Delete
Name: JACOBSON, TIMOTHY
Address: 21240 NORTH 74TH PLACE
City-St-Zip: SCOTTSDALE, AZ 85255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MARCELA JACOBSON

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date