2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096583

DERR, ROBERT G

11223 CHESTER LAKE RD W

JACKSONVILLE, FL 32256

Name:

Address:

City-St-Zip:

FILED Jan 04, 2008 Secretary of State

Entity Nan	ne: MHP MAN.	AGEMENT GROUP, INC.				
Current Pi	rincipal Place o	of Business:	New Princ	New Principal Place of Business:		
P.O. BOX 5 LONGWOO	520247 DD, FL 32752	US		BORO ROAD DD, FL 32750	US	
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 5	520247 DD, FL 32752	US				
FEI Number:	20-2592442	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BOWLES, HARRISON R 1205 ROXBORO ROAD LONGWOOD, FL 32750 US						
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STERLING, ROB 114 SPRING VAL		Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () [BOWLES, HARR 1205 ROXBORO LONGWOOD, FL	ROAD	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () [JACKSON, ROBE 11597 MANDARII JACKSONVILLE,	N RD	Title: Name: Address: City-St-Zip:	JACKSON, RO 210 21ST AVE		
Title:	V ()[Palata	Title:	VP (X	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.

Name:

Address:

City-St-Zip:

DERR, ROBERT G

11223 CHESTER LAKE RD W

JACKSONVILLE, FL 32256

SIGNATURE: HARRISON R BOWLES VΡ 01/04/2008