

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000035556

Entity Name: HINES CORPORATION

FILED
Dec 14, 2009
Secretary of State

Current Principal Place of Business:

3405 NW 112TH STREET
GAINESVILLE, FL 32606

New Principal Place of Business:

9200 NW 39TH AVE.
SUITE 130 PMB #133
GAINESVILLE, FL 32606

Current Mailing Address:

P.O. BOX 24
WAYCROSS, GA 31502

New Mailing Address:

9200 NW 39TH AVE.
SUITE 130 PMB #133
GAINESVILLE, FL 32606

FEI Number: 20-0416744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, RAYMOND L III
3405 NW 112TH STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

HINES, RAYMOND L III
9200 NW 39TH AVE.
SUITE 130 PMB #133
GAINESVILLE, FL 32606 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: RAYMOND HINES III

12/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HINES, RAYMOND III
Address: 3405 NW 112TH STREET
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HINES, RAYMOND III
Address: 9200 NW 39TH AVE., SUITE 130 PMB #133
City-St-Zip: GAINESVILLE, FL 32606

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: RAYMOND HINES III

CEO

12/14/2009

Electronic Signature of Signing Officer or Director

Date