

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2008
Secretary of State**

DOCUMENT# P04000059703

Entity Name: EHE PROPERTIES, INC.

Current Principal Place of Business:

15630 MONTESINO DRIVE
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

15630 MONTESINO DRIVE
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 20-0880419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELBAZ, ERIC H PRES
15630 MONTESINO DRIVE
ORLANDO, FL 32828 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELBAZ, ERIC H
Address: 15630 MONTESINO DRIVE
City-St-Zip: ORLANDO, FL 32828 US

Title: D () Delete
Name: ELBAZ, CAROL
Address: 6677 VIA BELLINI
City-St-Zip: LAKE WORTH, FL 33467 US

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: ERIC ELBAZ

D

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date