## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000026274

Entity Name: HANGER 55, INC.

FILED Apr 15, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
C/O J COF	CUTIVE DRIV PPERWHEAT ATER, FL 337				
Current N	lailing Addre	ss:	New Mailing Address:		
C/O J COF	CUTIVE DRIV PPERWHEAT ATER, FL 337	•			
FEI Number	: 59-3798348	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
333 THIRE	RTIN ERROL D AVENUE NO RSBURG, FL	DRTH, SUITE 325 33701 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Age			gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	RISSER, P N 2865 EXECUT		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BROWN, FRE 124 BAY PLA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	COPPERWHE 2865 EXECUT	) Delete AT, JACQUELYN M IVE DRIVE R, FL 33762 US	Title: Name: Address: City-St-Zip:	()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.

SIGNATURE: JACQUELYN COPPERWHEAT S 04/15/2009