2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2008 08:00 AM Secretary of State DOCUMENT # P06000015074 1. Entity Name DOUBLE H GROUP, INC. Principal Place of Business Mailing Address 13873 WELLINGTON TRACE 22864 CHRYSLER DRIVE **BOCA RATON FL 33428** WELLINGTON FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 11-3769399 Not Applicable Zιp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELBLING, JEFF Street Address (P.O. Box Number is Not Acceptable) 22864 CHRYSLER DRIVE **BOCA RATON FL 33428** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sign store, typed or crimted name of regulared agent and stield emplicable. (NOTE Recisiveed Apert employer required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIBE Change Addition Delete" TITLE NAME HELBLING, JEFF NAME 22864 CHRYSLER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP TIT: F ☐ Detete TITI F Change Addition U00000827956 02/22/08-80011-013 150.00 NAME HELBLING, IRWIN H5N4F STREET ADDRESS 7 I OMARTRA I ANF STREET ADDRESS City-St-ZIP **BRANFORD CT 06405** CITY-ST-ZIP 1167 ☐ Delete TITLE Change Addition NAME HELBLING, TRACIE NAME STREET ADDRESS 22864 CHRYSLER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428 TITLE Dalete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Derete Addition TITLE TITLE Change Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THIE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NING OFFICER OR DIRECTOR

SIGNATURE:

FILED