## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000150259

Entity Name: CFHH HOLDINGS, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
346 ROSV	WELL AVENUE			
	O, FL 32803			
Current Mailing Address:			New Mailing Address:	
	WELL AVENUE O, FL 32803			
FEI Number	r: 20-5982318	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	HRISTOPHER I	N		
	WELL AVENUE O, FL 32803	US		
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	c Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ()	Delete	Title:	( ) Change ( ) Addition
Name:	HARRIS, BRAD		Name:	
Address:	5705 LEWIS ST		Address:	
City-St-Zip:	DALLAS, TX 75	206 US	City-St-Zip:	
Title:	VP ()	Delete	Title:	( ) Change ( ) Addition
Name:	FULKS, DENNIS		Name:	• • • • • • • • • • • • • • • • • • • •
Address:	3000 S. 9TH, Le		Address:	
City-St-Zip:	PURCELL, OK		City-St-Zip:	
Title:	D ()	Delete	Title <sup>.</sup>	( ) Change ( ) Addition
	. ,	Delete FS	Title: Name <sup>:</sup>	( ) Change ( ) Addition
Name:	CLINES, CHARL	ES	Name:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	. ,	ES ST, # 12165		( ) Change ( ) Addition
Name: Address: City-St-Zip:	CLINES, CHARL 15606 NE 4OTH REDMOND, WA	ES ST, # 12165 98052 US	Name: Address: City-St-Zip:	
Name: Address: City-St-Zip: Title:	CLINES, CHARL 15606 NE 4OTH REDMOND, WA	ES ST, # 12165 98052 US Delete	Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition
Name: Address:	CLINES, CHARL 15606 NE 4OTH REDMOND, WA	ES ST, # 12165 98052 US Delete DPHER N	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: CHRISTOPHER N. HOOD TREA 04/24/2009