2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124939

Name:

Address:

City-St-Zip:

MCKENZIE, MAUREEN

ORLANDO, FL 328183186

6900 SILVER STAR RD., STE. 110

Entity Name: HADINS ROSH MANAGEMENT INC

FILED Jul 05, 2008 Secretary of State

Entity Name: HADINS ROSH MANAGEMENT INC						
Current Principal Place of Business:				New Principal Place of Business:		
6900 SILVER STAR RD., STE. 110 ORLANDO, FL 328183186				6900 SILVER STAR RD 110 ORLANDO, FL 328183186		
Current Mailing Address:				New Mailing Address:		
6900 SILVER STAR RD., STE. 110 ORLANDO, FL 328183186				6900 SILVER STAR RD 110 ORLANDO, FL 328183186		
FEI Number:	22-3972025	FEI Number Applied For ()	FEI Numb	per Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LEWIS, LUCY 6900 SILVER STAR RD., STE. 110 ORLANDO, FL 328183186 US				LEWIS, LUCY 6900 SILVER STAR RD 110 ORLANDO, FL 328183186 US		
The above in the State	named entit of Florida.	y submits this statement for the	purpose of	changing its registered	office or registered agent, or both,	
SIGNATURE: LUCY LEWIS				07/05/2008		
Electronic Signature of Registered Agent 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	LEWIS, LUC 6900 SILVER	() Delete Y R STAR RD., STE. 110 FL 328183186	14	Fitle: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	MILLER, RAI 6900 SILVER	() Delete LLAND R STAR RD., STE. 110 FL 328183186	1 4	Fitle: (Name: Address: City-St-Zip:) Change () Addition	
Title:	S	() Delete	7	Γitle: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUCY LEWIS PT 07/05/2008