2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129887

Entity Name: HOFF MANAGEMENT, INC.

FILED Apr 15, 2009 Secretary of State

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|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal P | New Principal Place of Business: | |
| | OGE LANE 30, FL 33037 | | | | |
| Current Mailing Address: | | | New Mailing Add | New Mailing Address: | |
| 20 N. BRIDGE LANE KEY LARGO, FL 33037 | | | 24 DOCKSIDE LN # 136 KEY LARGO, FL 33037 | | |
| FEI Number | : 26-1555292 | FEI Number Applied For () | FEI Number Not Applicable (|) Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Addre | Name and Address of New Registered Agent: | |
| | NRY DGE LANE GO, FL 33037 | US | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its regis | stered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electron | c Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DVTS () HOFF, MARY 20 N. BRIDGE L KEY LARGO, FI | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DP () HOFF, KENNET 20 N. BRIDGE L KEY LARGO, FI | ANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SHARKEY, JOH | JTHER KING DR. | 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: MARY HOFF DVTS 04/15/2009