2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026341

Entity Name: HANOVER HOMES, INC.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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482 SW PT ST LUCIE BLVD 2407 SW MONTERREY LN PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

482 SW PT ST LUCIE BLVD 2407 SW MONTERREY LN PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953

FEI Number: 59-3176026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETRUZZELLI, PHILIP
482 S.W. PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34953 US
PORT ST. LUCIE, FL 34953 US
PORT ST. LUCIE, FL 34953 US

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.

SIGNATURE: 01/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PETRUZZELLI, PHILIP G PETRUZZELLI, PHILIP G Name: Name: 2407 SW MONTERREY LN 482 SW PT ST LUCIE BLVD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: PORT ST LUCIE, FL 34953

Title: VS (X) Delete Title: () Change () Addition

 Name:
 PETRUZZELLI, MARILYN
 Name:

 Address:
 482 SW PT ST LUCIE BLVD
 Address:

 City-St-Zip:
 PT ST LUCIE, FL 34953
 City-St-Zip:

Title: V (X) Delete Title: () Change () Addition

 Name:
 TALERICO, STEVEN
 Name:

 Address:
 482 SW PORT ST LUCIE BLVD
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 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: PHIL PETRUZZELLI P 01/29/2009