

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90044 026 ***550.00

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1. Entity Name
HANNOVER RE REAL ESTATE HOLDINGS, INC.



40103320



Principal Place of Business Mailing Address
20 NORTH ORANGE AVENUE **20 NORTH ORANGE AVENUE**
SUITE 704 **SUITE 704**
ORLANDO, FL 32801 US **ORLANDO, FL 32801 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
200 S. Orange Ave **200 S. Orange Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
#1920 **#1920**

05142008 Chg-P CR2E034 (12/06)

City & State City & State
Orlando, FL **Orlando, FL**
Zip Country Zip Country
32801 **USA** **32801** **USA**

4. FEI Number Applied For
59-3207180 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, MALLORY J
20 N ORANGE AVE
SUITE 704
ORLANDO, FL 32-801

Name **Mallory Walters**
Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Ave.
#1920
City **Orlando** FL Zip Code **32801**

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 *Mallory Walters* *Mallory Walters* *5/14/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME **DECKER, RAINER**
STREET ADDRESS **KARL WEICHERT ALLEE 57**
CITY-ST-ZIP **30625 HANOVER, GE**

TITLE ☒ Change ☐ Addition
NAME **Hohenzollernring 72**
STREET ADDRESS **Cologne Germany 50672**
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME **BRAZIEL, DENNIS D**
STREET ADDRESS **7 TIME SQUARE, 37TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☒ Change ☐ Addition
NAME **Director/Secretary/Treasurer**
STREET ADDRESS **One Citrus Bowl Place**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE S ☒ Delete
NAME **WALTERS, MALLORY D**
STREET ADDRESS **20 N. ORANGE AVE., STE 704**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

SIGNATURE: *Dennis D. Braziel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/08 *407-233-1994*
Date Daytime Phone