

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024312

FILED
Jan 14, 2009
Secretary of State

Entity Name: 226 HILLCREST PROPERTIES, INC.

Current Principal Place of Business:

226 HILLCREST ST
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

226 HILLCREST ST
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3239467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGEE, JAMES M
226 HILLCREST STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDNEHAL, JOSEPH E
Address: 226 HILLCREST ST
City-St-Zip: ORLANDO, FL 32801

Title: VP () Delete
Name: ROSEN, ROBERT
Address: 5870 OAK HOLLOW LN
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: MAGEE, JAMES M
Address: 226 HILLCREST ST
City-St-Zip: ORLANDO, FL 32801

Title: D/VP (X) Change () Addition
Name: ROSEN, ROBERT
Address: 5870 OAK HOLLOW LN
City-St-Zip: OVIEDO, FL 32765

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: JAMES M MAGEE

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01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date