## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000061131

Entity Name: H & H ASSOCIATES INC.

FILED Apr 29, 2007 Secretary of State

Current Pr	incipal Place	of Business:		New Princ	ipal Place of Business:	
18880 SW MIRAMAR,	41ST ST	or Business.		rew r rine	ipui i idee oi Business.	
Current Ma	ailing Addres	s:		New Mailir	ng Address:	
18880 SW . MIRAMAR,						
FEI Number:	65-0514203	FEI Number Ap	plied For()  FEI	Number Not Appli	icable ( ) Certificate of Status Desired (X	()
Name and	Address of C	urrent Registe	red Agent:	Name and	Address of New Registered Agent:	
	CQUELINE INSON ST., ST E PINES, FL 3					
The above in the State		ubmits this stat	ement for the purpos	se of changing it	ts registered office or registered agent, or l	both,
SIGNATUR	RE:					
	Electron	ic Signature of F	Registered Agent		Date	
Election Carr	npaign Financing	Trust Fund Cont	ribution ( ).			
OFFICERS	AND DIRECT	rors:		ADDITION	S/CHANGES TO OFFICERS AND DIREC	CTORS:
Title: Name: Address: City-St-Zip:	VST () HICKS, ERROL 18880 SW 41ST MIRAMAR, FL 3			Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition HICKS, ERROL 18880 SW 41ST ST MIRAMAR, FL 33029	
Title: Name: Address: City-St-Zip:	P () HICKS, JACQUE 18880 SW 41ST MIRAMAR, FL 3	T ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	S () Change (X) Addition JACKSON, CLARENCE 18880 SW 41ST ST MIRAMAR, FL 33029	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T () Change (X) Addition HICKS, JAMAL D 18880 SW 41ST ST MIRAMAR, FL 33029	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	O () Change (X) Addition HICKS, PHILICIA J 18880 SW 41ST STREET MIRAMAR, FL 33029	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	O () Change (X) Addition HICKS, HASHIM J 18880 SW 41ST STREET MIRAMAR, FL 33029	

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: JACQUELINE HICKS P 04/29/2007