

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000061131

Entity Name: H &amp; H ASSOCIATES INC.

**FILED**  
**Aug 20, 2009**  
**Secretary of State****Current Principal Place of Business:**2129 SW HAYWORTH AVE  
PRT SAINT LUCIE, FL 34953 US**New Principal Place of Business:****Current Mailing Address:**2129 SW HAYWORTH AVE  
PRT SAINT LUCIE, FL 34953 US**New Mailing Address:**2129 SW HAYWORTH AVE  
PORT SAINT LUCIE, FL 34953 US

FEI Number: 65-0514203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**HICKS, JACQUELINE  
2129 SW HAYWORTH AVE  
PORT SAINT LUCIE, FL 34953 US**Name and Address of New Registered Agent:**HICKS, PHILICIA J P  
2129 SW HAYWORTH AVE  
PORT SAINT 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: PHILICIA J HICKS

08/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VST ( ) Delete  
Name: HICKS, ERROL  
Address: 2129 SW HAYWORTH AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 USTitle: P ( ) Delete  
Name: HICKS, JACQUELINE  
Address: 2119 SW HAYWOTRH AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: V (X) Change ( ) Addition  
Name: HICKS, ERROL  
Address: 2129 SW HAYWORTH AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 USTitle: D (X) Change ( ) Addition  
Name: HICKS, JAMAL  
Address: 2119 SW HAYWOTRH AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 USTitle: T ( ) Change (X) Addition  
Name: HICKS, HASHIM  
Address: 2119 SW HAYWOTRH AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 USTitle: S ( ) Change (X) Addition  
Name: JACKSON, CLARENCE  
Address: 2119 SW HAYWOTRH AVE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: HASHIM HICKS

T

08/20/2009

Electronic Signature of Signing Officer or Director

Date