

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031463

Entity Name: HILLSBORO-LYONS CORP.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

C/O MENIN DEVELOPMENT
11701 LAKE VICTORIA GARDENS AVE SUITE 2202
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O MENIN DEVELOPMENT
11701 LAKE VICTORIA GARDENS AVE SUITE 2202
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

C/O MENIN DEVELOPMENT
324 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480

New Mailing Address:

C/O MENIN DEVELOPMENT
324 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480

FEI Number: 65-0590646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CM RAC, INC.
C/O MENIN DEVELOPMENT, INC.
11701 LAKE VICTORIA GARDENS AVE, STE 2202
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

CM RAC, INC.
C/O MENIN DEVELOPMENT, INC.
324 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENIN, CRAIG I
Address: 11701 LAKE VICTORIA GARDENS AVE, STE 2202
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MENIN, CRAIG I
Address: 324 ROYAL PALM WAY, SUITE 100
City-St-Zip: PALM BEACH, FL 33480

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: CRAIG MENIN

PSTD

04/28/2009

Electronic Signature of Signing Officer or Director

Date