2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2009
Secretary of State

DOCUMENT# P95000072145

Entity Name: H.L.V., INC.

Current Principal Place of Business:

19460 N.W. 10TH STREET.
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

18459 PINES BLVD.
115
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-0615174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLLOVICK, RICHARD
10207 SUNRISE LAKES BLVD.
SUNRISE, FL 33322 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VOLLOVICK, HOWARD
Address: 18459 PINES BLVD. SUITE 115
City-St-Zip: PEMBROKE PINES, FL

Title: VP ( ) Delete
Name: VOLLOVICK, RICHARD
Address: 18459 PINES BLVD., SUITE 115
City-St-Zip: PEMBROKE PINES, FL

Title: S ( ) Delete
Name: VOLLOVICK, LINDA
Address: 18459 PINES BLVD., SUTIE 115
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VOLLOVICK, HOWARD
Address: 18459 PINES BLVD. SUITE 115
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP (X) Change ( ) Addition
Name: VOLLOVICK, RICHARD
Address: 18459 PINES BLVD., SUITE 115
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S (X) Change ( ) Addition
Name: VOLLOVICK, LINDA
Address: 18459 PINES BLVD., SUTIE 115
City-St-Zip: PEMBROKE PINES, FL 33029 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: HOWARD VOLLOVICK P 05/24/2009

Electronic Signature of Signing Officer or Director Date