## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000010793

FILED Mar 25, 2009 Secretary of State

| Entity Name: AHRC, INC.   |                           |  |  |  |
|---|---------------------------|--|--|--|
| Current Principal Place of Business:  |                           | New Principal Place                                | New Principal Place of Business:                 |  |
| 14050 TOWN LOOP BLVD<br>SUITE 204<br>ORLANDO, FL 32837                          |                           |  |  |  |
| Current Mailing Address:  |                           | New Mailing Addres                                 | New Mailing Address:                             |  |
| 14050 TOWN LOOP BLVD<br>SUITE 204<br>ORLANDO, FL 32837                          |                           |  |  |  |
| FEI Number: 65-0735398 FEI Num  | ber Applied For()         | FEI Number Not Applicable ( )                      | Certificate of Status Desired ( )                |  |
| Name and Address of Current Registered Agent:                                   |                           | Name and Address of                                | Name and Address of New Registered Agent:        |  |
| GALLAGHER, T. MARK<br>14050 TOWN LOOP BLVD<br>SUITE 204<br>ORLANDO, FL 32837 US |                           |  |  |  |
| The above named entity submits th in the State of Florida.                      | is statement for the purp | oose of changing its registere                     | d office or registered agent, or both,           |  |
| SIGNATURE:  |                           |  |  |  |
| Electronic Signature of Registered Agent  |                           |  | Date   |  |
| Election Campaign Financing Trust Fun   | d Contribution ( ).       |  |  |  |
| OFFICERS AND DIRECTORS:   |                           | ADDITIONS/CHANG                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:     |  |
| Title: PS () Delete<br>Name: KOZAK, MARK<br>Address: 70 MAIN STREET             |                           | Title: PS<br>Name: KOZAK, MA<br>Address: 87TH MAIN | (X) Change()Addition<br>RK<br>I STREET 2ND FLOOR |  |

City-St-Zip: NEW CANAAN, CT 06840 City-St-Zip: NEW CANAAN, CT 06840

() Delete Title: () Change () Addition

GALLAGHER, T. MARK Name: Name: Address: 14050 TOWN LOOP BLVD., SUITE 204 Address: ORLANDO, FL 32837 City-St-Zip: City-St-Zip:

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: T. MARK GALLAGHER CEO 03/25/2009