2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096234

Name:

Address: City-St-Zip: MCGAVIN, ADAM E

ORLANDO, FL 32822

4546 SOUTH SEMORAN BOULEVARD

FILED Apr 10, 2007 Secretary of State

Entity Nar	ne: HILLSII	DE-CLEARWATER,	INC.			
Current Principal Place of Business:				New Principal Place of Business:		
3301 58TH SAINT PET		i, FL 33714				
Current Mailing Address:				New Mailing Address:		
9715 WEST BROWARD BLVD., #216 PLANTATION, FL 33324				3301 58TH AVE. N OFFICE ST. PETERSBURG, FL 33714		
FEI Number: 65-0877356 FEI Number Applied For () FEI			ied For () FEI Num	umber Not Applicable ()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	N FERSBURG named enti of Florida.	i, FL 33702 US ty submits this statel	ment for the purpose o	f changing it	s registere	d office or registered agent, or both,
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financ	ing Trust Fund Contrib	oution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD MCGAVIN, J 2560 62ND A SAINT PETE			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:		() Delete ,USTIN W H PINE ISLAND ROAD N, FL 33322		Title: Name: Address: City-St-Zip:	D MCGAVIN, A 8401 9TH S ST. PETERS	
Title:	D	() Delete		Title:	D	(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

MCGAVIN, ADAM E

6039 CYPRESS GARDEN BLVD.

WINTER HAVEN, FL 33884

SIGNATURE: JOSEPH MCGAVIN PD 04/10/2007