

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099777

FILED
May 13, 2009
Secretary of State

Entity Name: M H A INC.

Current Principal Place of Business:

2118 ELDORADO PKWY
CAPE CORAL, FL 33914 US

New Principal Place of Business:

826 SW 3RD AVE
CAPE CORAL, FL 33991 US

Current Mailing Address:

2118 ELDORADO PKWY
CAPE CORAL, FL 33914 US

New Mailing Address:

826 SW 3RD AVE
CAPE CORAL, FL 33991 US

FEI Number: 65-0875506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASSETTI, NICHOLAS
2118 ELDORADO PKWY
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

CLASSETTI, NICHOLAS
826 SW 3RD AVE
CAPE CORAL, FL 33991 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: NICK CLASSETTI

05/13/2009

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: CLASSETTI, NICK
Address: 2118 ELDORADO PKWY
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: ASQUINO, DANIELLE
Address: 2020 SW 8TH COURT
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLASSETTI, NICK
Address: 826 SW 3RD AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: VP (X) Change () Addition
Name: CLASSETTI, DANIELLE
Address: 826 SW 3RD AVE
City-St-Zip: CAPE CORAL, FL 33991

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: NICK CLASSETTI

P

05/13/2009

Electronic Signature of Signing Officer or Director

Date