2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20274

Entity Name: HHH MANAGEMENT, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2206 W. ATLANTIC AVENUE SUITE 201

DELRAY BEACH, FL 33445 US

Current Mailing Address: New Mailing Address:

P.O. BOX 273760 BOCA RATON, FL 33427

FEI Number: 65-0338738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSENTHAL, DONALD

2206 W. ATLANTIC AVENUE

SUITE 201

DELRAY BEACH, FL 33445 US

UNGAR, NANCY

2206 W. ATLANTIC AVENUE

SUITE 201

DELRAY BEACH, FL 33445 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.

in the State of Florida.

SIGNATURE: NANCY UNGAR 04/15/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ROSENTHAL, DONALD UNGAR, NANCY Name: Name: 2206 W. ATLANTIC AVENUE, #201 2206 W. ATLANTIC AVENUE, #201 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete Title: () Change () Addition

 Name:
 HAHAMOVITCH, HARRY
 Name:

 Address:
 2206 W. ATLANTIC AVENUE, #201
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 GROSSMAN, ELLEN
 Name:

 Address:
 2206 W. ATLANTIC AVENUE, #201
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

Title: CEO () Delete Title: () Change () Addition

 Name:
 UNGAR, NANCY
 Name:

 Address:
 2206 W. ATLANTIC AVENUE, #201
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 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: NANCY UNGAR P 04/15/2008