2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 11, 2008 08:00 AN **Secretary of State DOCUMENT #849378** HOLLANDER HOME FASHIONS CORP. Principal Place of Business Malling Address **6560 WEST ROGERS CIRCLE** 6560 WEST ROGERS CIRCLE BOCA RATON, FL 33487 BOCA RATON, FL 33487 No Chg-P CR2E034 (11/05) 01302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-1621577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLANDER, JEFF DO NOT WRITE 6560 WEST ROGERS CIRCLE BOCA RATON, FL 33487 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HOLLANDER, JEFFREY NAME 6560 W. ROGERS CIRCLE STREET ADDRESS BOCA RATON, FL CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

12. I nereby certify that the information supplied with this filing does pot qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTEL AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ≱