2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 17, 2008 8:00 am Secretary of State 04-17-2008 90024 016 ***150.00 DOCUMENT # F05000005229 HOLLANDER FINANCIAL HOLDING, INC. Principal Place of Business Mailing Address 1291 N. INDIAN HILL BLVD. 1291 N. INDIAN HILL BLVD. 40069971 CLAREMONT, CA®91711 US CLAREMONT, CA 91711 01022008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 95-4420679 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE The above named entity submits the \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$650.00 OFFICERS AND DIRECTORS 10. TITLE HÖLLANDER, MARK J NAME 437 WILLAMETTE LANE STREET ADDRESS CLAREMONT, CA 91711 CITY-ST-ZIP SEC TITLE HOLLANDER, JOHN NAME STREET ADDRESS 1070 FULLER DRIVE CITY-ST-ZIP CLAREMONT, CA 91711 TITLE 💍 NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-70P TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 reportlas 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.

FILED

ATTACHMENT

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				_				
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	DER FINANCIAL HOLDING, IN	NC.						
Principal Place 1291 N. INDI CLAREMONT,	IAN HILL BLVD.	Mailing Address 1291 N. INDIAN HILL BLVD. CLAREMONT, CA 91711 L	IS					
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			New York Control					
	named entity submits this statement for the ions of registered agent.	e purpose of changing its registe	red office or register	red agent, or both,	, in the State of Flo	rida. Tam famili	ar with, and ad	ccept
SIGNATURE_		<u> </u>				\rightarrow / //	1/1/0	
	Signature, typed of printed name of registered agent and the	tle if applicable. (NOTE: Registe	red Agent signature required	d when reinstating)		OAFE .	<u> </u>	
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