


**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90024 016 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # F05000005229**

1. Entity Name  
 HOLLANDER FINANCIAL HOLDING, INC.



Principal Place of Business  
 1291 N. INDIAN HILL BLVD.  
 CLAREMONT, CA 91711 US

Mailing Address  
 1291 N. INDIAN HILL BLVD.  
 CLAREMONT, CA 91711 US

40069971



**DO NOT WRITE IN THIS SPACE**

01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4420679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

InCorp Services, Inc.  
 17888 67th Court North  
 Loxahatchee, FL 33470

**DO NOT WRITE  
 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: *A. Hillison* 3/20/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ratifying.)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOLLANDER, MARK J 437 WILLAMETTE LANE CLAREMONT, CA 91711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOLLANDER, JOHN 1070 FULLER DRIVE CLAREMONT, CA 91711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**


12. I hereby certify that the information supplied with this filing does not 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 empowerments.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 909399-1256  
Date Daytime Phone #

# ATTACHMENT

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005229 1. Entity Name HOLLANDER FINANCIAL HOLDING, INC.	
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01022008 No Chg-P CR2E034 (11/05)

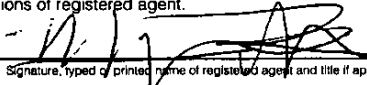
4. FEI Number 95-4420679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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:  DATE: 3/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

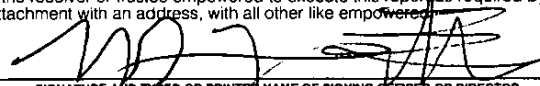
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SIGNATURE:  DATE: 3/11/08 DAYTIME PHONE #: 909 394-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR