

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 05, 2005
Secretary of State**

DOCUMENT# P00000056570

Entity Name: HOLLY CARE & DIAGNOSTICS CORP.

Current Principal Place of Business:

2124 NE 123RD ST., #
205-38
N. MIAMI, FL 33181

New Principal Place of Business:

2124 NE 123RD STREET
205-38
N. MIAMI, FL 33181 US

Current Mailing Address:

2124 NE 123RD ST., #
205-38
N. MIAMI, FL 33181

New Mailing Address:

2124 NE 123RD STREET
205-38
N. MIAMI, FL 33181 US

FEI Number: 65-0759128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, ZULAY
2124 NE 123RD ST., #
205-38
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

BECRAFT, FANNY
2124 NE 123RD STREET
205-38
N. MIAMI, FL 33181 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: FANNY BECRAFT 08/05/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: NORRIS, ZULAY
Address: 2124 N.E 123 STREET STE 205-38
City-St-Zip: N. MIAMI, FL 33181

Title: VD () Delete
Name: BECRAFT, FANNY
Address: 2124 N.E 123 STREET STE 205-38
City-St-Zip: N.MIAMI, FL 33181

Title: SD () Delete
Name: MARQUETTI, YAJAIRA
Address: 2124 N.E 123 STREET STE 205-38
City-St-Zip: N.MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BECRAFT, FANNY
Address: 2124 N.E 123 STREET STE 205-38
City-St-Zip: N. MIAMI, FL 33181 US

Title: S (X) Change () Addition
Name: BECRAFT, FANNY
Address: 2124 N.E 123 STREET STE 205-38
City-St-Zip: N.MIAMI, FL 33181 US

Title: T (X) Change () Addition
Name: BECRAFT, FANNY
Address: 2124 N.E 123 STREET STE 205-38
City-St-Zip: N.MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FANNY BECRAFT D 08/05/2005
Electronic Signature of Signing Officer or Director Date