2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P02000033689

Entity Name: HIGHLANDER ACQUISITIONS, CORP.

Current Principal Place of Business:

330 GRECO AVE STE 102
CORAL GABLES, FL 33146

New Principal Place of Business:

3855 BIRD RD
MIAMI, FL 33146

Current Mailing Address:

PO BOX 330537
MIAMI, FL 33233

New Mailing Address:

3855 BIRD RD
MIAMI, FL 33146

FEI Number: 71-0875886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EKONOMOU, NICHOLAS E
330 GRECO AVE STE 102
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

PFLUCKER, JIMMY
3855 BIRD RD
MIAMI, FL 33146 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: JIMMY PFLUCKER 04/12/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EKONOMOU, NICK E
Address: 330 GRECO AVE STE 102
City-St-Zip: CORAL GABLES, FL 33146

Title: V ( ) Delete
Name: PFLUCKER, JIMMY E
Address: 330 GRECO AVE STE 102
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Delete
Name: EKONOMOU, NICHOLAS E
Address: 330 GRECO AVE STE 102
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Delete
Name: PFLUCKER, JIMMY E
Address: 330 GRECO AVE STE 102
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Delete
Name: EKONOMOU, NICHOLAS E
Address: 330 GRECO AVE STE 102
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Delete
Name: PFLUCKER, JIMMY E
Address: 330 GRECO AVE STE 102
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PFLUCKER, JIMMY
Address: 3855 BIRD RD
City-St-Zip: MIAMI, FL 33146

Title: V (X) Change ( ) Addition
Name: PFLUCKER, ROCIO
Address: 3855 BIRD RD
City-St-Zip: MIAMI, FL 33146

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JIMMY PFLUCKER P 04/12/2006
Electronic Signature of Signing Officer or Director Date