

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015090

FILED
Jul 03, 2007
Secretary of State

Entity Name: HOLLY'S HAND CREATIVE INTERIORS, INC.

Current Principal Place of Business:

1515 WHISPER WIND LANE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

1515 WHISPER WIND LANE
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 54-2166263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALM, HOLLY K
1515 WHISPER WIND LN
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALM, HOLLY K
Address: 1515 WHISPER WIND LANE
City-St-Zip: OLDSMAR, FL 34677

Title: VSTD () Delete
Name: ALM, STEVEN J
Address: 1515 WHISPER WIND LANE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HOLLY K. ALM

PD

07/03/2007

Electronic Signature of Signing Officer or Director

_____ Date