

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# N01000002047

Entity Name: H.A.L.O. FOUNDATION, INC.

Current Principal Place of Business:

4918 W LINEBAUGH AVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4918 W LINEBAUGH AVE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 90-0054357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'BANION, ROSS H JR
4918 W LINEBAUGH AVE
TAMPA, FL 33624 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBANO, BEATRICE
Address: 3922 SAN PEDRO ST
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: SMITH, TREVOR
Address: 4234 FAIRWAY CIR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: TATUM, MILLARD
Address: 3002 W PATTERSON AVE
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALBANO, BEATRICE
Address: 3325 BAYSHORE BLVD - UNIT B25
City-St-Zip: TAMPA, FL 33629

Title: P (X) Change () Addition
Name: SMITH, TREVOR
Address: 4234 FAIRWAY CIR
City-St-Zip: TAMPA, FL 33624

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

Title: D () Change (X) Addition
Name: CANNIZZARO, MARIANNE
Address: 1603 BURNING TREE LANE
City-St-Zip: BRANDON, FL 33511

Title: D () Change (X) Addition
Name: MAY, CLIFFORD
Address: 10408 GROVE LANE
City-St-Zip: ODESSA, FL 33556

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR SMITH

P

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date