


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 327083
1. Entity Name
HOLLYWOOD DOG TRACK, INC.



Principal Place of Business
**831 N. FEDERAL HIGHWAY
HALLANDALE, FL 33009**

Mailing Address
**831 N. FEDERAL HIGHWAY
HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-1435702 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ADKINS, DANIEL K.
831 N.FEDERAL HWY.
HALLANDALE, FL 33009**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARTMAN, BERNARD L.
STREET ADDRESS	831 N FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL
TITLE	SD
NAME	TYNER, HERBERT
STREET ADDRESS	831 N FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL
TITLE	VP
NAME	ADKINS, DANIEL K
STREET ADDRESS	831 N FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T
NAME	ALA, JULIE
STREET ADDRESS	3725 LAKEWOOD DR
CITY-ST-ZIP	WATERFORD, MI 48329
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80070-020 150.00

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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 the employed.

SIGNATURE: [Signature] Date 4/25/06 Daytime Phone # 859 924/3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR