## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # 388588  1. Entity Name HOLLY ACCUMULATOR & ELECTRONICS CO., INC.							Secreta	ary of Stat	te
Principal Place of Business 403 NE 6TH AVE. BOYNTON BCH, FL 33435 US			Melling Address 403 N.E.6TH AVE. BOYNTON BEACH, FL 33435				ES HENEN SENEN ENSTE SENEN SEN	140 CASA DASA DASA SASA S	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242006	Chg-P	CR2E034 (11/05)	}
City & State			City & State		4. FEI Numb		<u>}—</u>	Applied For Vot Applicable	
Zτρ	Country		Zip	p Country		5. Certificate	e of Status Desired	See Requir	
	6. Name	and Address of Curren	t Registered Agent	Registered Agent Name		7. Name and	i Address of New Re	igistered Agent	
JOHN POR 400 S FED SUITE 405	ERAL HV	COUNTING INC VY	Street A		Street Address	(P.O. Box Numb	per is Not Acceptable	}	
BOYNTON BEACH, FL 33435					City			FL Zip Co	
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									
a Floriton Compaign Singaping SE DO									
After M	ay 1, 200	FEE IS \$150.00 6 Fee will be \$550	1		☐ Åd	ded to Fees			
10.	P	OFFICERS AN	D DIRECTORS	11. III.	<del></del>	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	AS IN 11
NAME STREET ADDRESS	HOLLY, V	VALTER L. TE CORAL CT	LLI Deicle	NAN	- [		05/15/06	US5451@1 co -80098-023	150'.00"
CITY -SI -ZIP	WELLING	TON, FL 33414	F7		- ST-ZIP			[] Chance	☐ Addition
name Street address City-St-21P			☐ Delote		- )			∏ cirauôa	C vectual
TITLE NAME STREET ADDRESS USY-ST-ZIP			☐ Delete	TITL NAM STR	E			☐ Chango	☐ Addition
title Mame Street address City-51-Zip			☐ Celete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		5			☐ Change	☐ Addition
TITLE NAME THET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition
12. Thereby certify that the information supplied with this filling 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 attrachment with an address, with all other like empowered.									
SIGNATURE: Matte / Calle 4-27-06 561-757-3891 SIGNATURE AND TYPED OR PRINTED NAME OF STORYING OFFICER OR DIRECTOR DIRECTOR DIRECTOR									