## **FILED** 8:00 *A* State

ANNUAL REPORT				Mar 10, 2008 0		
DOCU	MENT # F02000003	362			Se	cretary of
1. Entity Narr SAK HOL	LLY HILL CORPORATION					
59 WALNUT	ce of Business CIRCLE DGE, NJ 07920	Mailing Address 59 WALNUT CIRCLE BASKING RIDGE, NJ 07920				130 1180 XIII 01110 XIII 11 11 11 11 11
i i	OO NOT WRITE	IN THIS SPA	CE	02132008		RE034 (11/05)
., L	O NOT WINITE	IN THIS SEA	CL.	4. FEI Number 27-00187	<b>'4</b> 1	Applied For Not Applicable
			•	5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	<del> · · · · · · · · · · · · · · · ·</del>	seel I	* 4 Ç*	· · · · · · · · · · · · · · · · · · ·
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					NOT WRIT	,
				IIN 11	HIS SPAC	, <b>.</b>
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent a		ed office or register		in the State of Florida. I	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees		
10.	OFFICERS AND I	DIRECTORS			7 , , 4	' •.
NAME STREET ADDRESS	KYRITSIS, SOCRATES A 59 WALNUT CIRCLE		4 f X	i de mar de	A Commence	
CITY-ST-ZIP TITLE NAME	BASKING RIDGE, NJ 07920		-		U0000085 03/26/08-80	2541 033-003, 150.00
STREET ADDRESS CITY-ST-ZIP			· ,			
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TITLE			1		. <del>.</del> :	• • • • •
NAME STREET ADDRESS CITY-ST-ZIP					Congression and the Congression of the Congression	
TITLE NAME						; `

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 like empowered.

SIGNATURE: X

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #