

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96477

Entity Name: HOLAR INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

923 SOUTH TOPAZ
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

222 BEACH 143RD STREET
NEPONSIT, NY 11694 US

New Mailing Address:

FEI Number: 59-2387672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, BONNIE
932 SOUTH TOPAZ
KEY LARGO, FL 33037 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHWARTZ, NOEL,
Address: 353 BEACH 143RD STREET
City-St-Zip: NEPONSIT, NY 11694 US

Title: D () Delete
Name: FUCHS, IRVIN J,
Address: 28 HILLCREST ROAD
City-St-Zip: CEDAR GROVE, NJ 07009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GELLER, ALAN,
Address: 6468 MCNIVEN COURT, POB 575
City-St-Zip: KILBRIDE, ONTARIO., CA L091G0

Title: D (X) Change () Addition
Name: FUCHS, ROBERT,
Address: 957 OWASSA ROAD
City-St-Zip: NEWTON, NJ 07860 US

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

SIGNATURE: ALAN GELLER

D

01/09/2007

Electronic Signature of Signing Officer or Director

Date