2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Jan 31, 2007 08:00 AM DOCUMENT # H59848 1. Entity Name **Secretary of State** HOLLINGER ENTERPRISES, INC. Principal Place of Business Mailing Address 5001 LAKEWOOD RD SEBRING FL 33875 5001 LAKEWOOD RD SEBRING FL-33875 US __ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 59-2555818 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLINGER, JAY C. Street Address (P.O. Box Number is Not Acceptable) 5001 LAKEWOOD RD SEBRING FL 33875 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE . Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE Delete TITLE HOLLINGER, JAY C. NAME NAME 5001 LAKEWOOD RD STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE HOLLINGER, SANDRA SUE NAME NAME 5001 LAKEWOOD DRIVE STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-ZIP CITY ST-ZIP TITLE Delete IIIŒ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP Delete TITLE Change Addition NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete THIE Change mu NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 12. I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attashment with an address, with all other like empowered.

JAY C. HOLLINGER

OFFICER OR DIRECTOR

1.29.07 863.381.5353 Daysine Phone