2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # J14598 1. Entity Name HOPALONG, INC. Principal Place of Business Mailing Address 2655 N.E. 189 STREET 2655 N.E. 189 STREET N. MIAMI BEACH, FL 33180 N. MIAMI BEACH, FL 33180 03032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2676771 Not Applicat... \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent FREEDMAN, MARTIN B. DO NOT WRITE 2655 N.E. 189 STREET NORTH MIAMI BEACH, FL 33180 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FREEDMAN, MARTIN B. STREET ACCRESS 2655 N.E. 189TH STREET U00000507647 N. MIAMI BEACH, FL CITY-ST-ZIP 04/27/06-80012-028 150.00 TITLE VDT NAME FINKEL, NATHAN STREET ADDRESS 2655 N.E. 189TH STREET CITY-ST-ZIP N. MIAMI BEACH, FL TITLE NAME FREEDMAN, GRACIE STREET ADDRESS 2655 N.E. 189TH STREET DO NOT WRITE CHY-\$1-11P N. MIAMI BEACH, FL TITLE IN THIS SPACE

FILED

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:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STRELT ACCRESS CITY-ST-ZIP

CITY-ST-ZIP

FINKEL, JACQUELINE

N. MIAMI BEACH, FL

2655 N.E. 189TH STREET