2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # K21137** 1. Entity Name 04-21-2008 90072 018 ***150.00 HENRY'S HOLDINGS, INC. Principal Place of Business Mailing Address 1281 RANCHETTE RD 1281 RANCHETTE RD W. PALM BCH, FL 33415 W. PALM BCH, FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0049453 Not Applicable Zip Zip Country 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 HENRY.ELONA Street Address (P.O. Box Number is Not Acceptable) 1281 RANCHETTE ROAD W. PALM BCH, FL 33415 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TDS TITLE ☐ Change Delete Addition TERLOP, HELEN NAME NAME STREET ADDRESS 5941 WOODWIND COURT STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE DP Delete TID É ☐ Change ☐ Addition NAME HENRY, ELONA NAME STREET ADDRESS 1281 RANCHETTE RD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Addition HENRY SARAH L 1281 RANCHETTE RD HENEY, SARAH L NAME NAME STREET ADDRESS 423 S L ST STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP 33415 WEST PALM BEACH FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Celete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CffY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 it 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.

FILED