


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90008 008 \*\*\*\*70.00

<b>DOCUMENT # N01000002132</b> 1. Entity Name <b>HALEY'S RIGHTS, INC</b>			
Principal Place of Business <b>23108 POST GARDENS WAY SUITE 211 BOCA RATON, FL 33433</b>		Mailing Address <b>23108 POST GARDENS WAY SUITE 211 BOCA RATON, FL 33433</b>	
2. Principal Place of Business <b>2726 SW 5th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2726 SW 5th Street</b> Suite, Apt. #, etc.	
City & State <b>DeLray Beach</b>		City & State <b>DeLray Beach</b>	
Zip <b>33445</b>	Country <b>Palm Beach</b>	Zip <b>33445</b>	Country <b>PALM BEACH</b>
4. FEI Number <b>65-1104838</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		09082006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent  <b>BOBROWSKY, JACQUES 23108 POST GARDENS WAY SUITE 211 BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent Name <b>Bobrowsky, Jacques</b> Street Address (P.O. Box Number is Not Acceptable) <b>2726 SW 5th Street</b> City <b>DeLray Beach</b> <b>FL</b> Zip Code <b>33445</b>	
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 <u><i>Jacques Bobrowsky, President</i></u> <b>09/08/06</b> <small>Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BOBROWSKY, JACQUES</b> <b>23108 POST GARDENS WAY, SUITE 211</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Bobrowsky, Jacques</b> <b>2726 SW 5th Street</b> <b>DeLray Beach, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GELBER, ROY</b> <b>81 HOLLOW BRANCH CROSSING</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <b>WEXLER, ELOISE</b> <b>299 NE 8TH STREET</b> <b>BOCA RATON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>wexler, Eloise P.</b> <b>2726 SW 5th Street</b> <b>DeLray Beach, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BOBROWSKY, LILLIAN</b> <b>88 FANSHAW AVE</b> <b>YONKERS, NY 10705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u><i>Jacques Bobrowsky</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>09/08/06 561-350-0308</b> <small>Date Daytime Phone #</small>	