2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004310

WELSCH, STEVE

315 DESOTA STREET

HOLLYWOOD, FL 33019

Name:

Address:

City-St-Zip:

FILED May 02, 2005 Secretary of State

Entity Name: HOLLYWOOD TRUST, INC. **Current Principal Place of Business: New Principal Place of Business:** 4500 N. SURF ROAD HOLLYWOOD, FL 33019 **Current Mailing Address: New Mailing Address:** 4500 N. SURF ROAD HOLLYWOOD, FL 33019 FEI Number: 02-0601568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WATMAN, WILLIAM S SARA, CASE 4500 N. SURF RD. 4500 N. SURF RD. HOLLYWOOD, FL 33019 US HOLLYWOOD, FL 33019 US 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: SARA CASE 05/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CASE, SARA Name: Name: Address: 851 HARRISON STREET Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ISAACSON, GARY Name: Address: 4500 N. SURF ROAD Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: () Delete Title: () Change () Addition SCHECTER, LAURIE Name: Name: 4500 N. SURF ROAD Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WATMAN, WILLIAM S Name: 1401 S. OCEAN DRIVE #605 Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LAURIE SCHECTER D 05/02/2005