2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90055 010 ****61.25

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1. Entity Nam	M HALL, INC., A NON-F		PRPORATION	I					
Principal Place of Business ATTN: JEAN ROSSE ATTN: JEAN ROSSE 2325 JACKSON STREET,APT. 6 HOLLYWOOD, FL 33020 US ATTN: JEAN ROSSE ATTN: JEAN RO					5	40018617			
2. Principal P	ling Address								
Suite, Apt,	#Letc.	ite, Apt. # etc			02062006CF	ng-NP CR2EC)37-(11/05)		
City & Stat	y & State			4. FEI Number 65-042238	5		oplied For ot Applicable		
Žip Country 2		Zip	Country		Certificate of Status Desired				
	6. Name and Address of Cur	rent Registere	d Agent			7. Name and Add	ress of New Registered	Agent	
APT 6	KSON STREET				Name Street Address	(P.O. Box Number is N	Not Acceptable)		
HOLLYWO	OOD, FL 33020				City		Fi	Zip Code	e
			 				FI	_	
	named entity submits this statemi ions of registered agent.	ent for the purp	ose of changing its	registere	ed office of registe	ered agent, or both, in	ine State of Florida. Tam	i tamiliar with,	and accept
0.0.0.0.0.0.									
	Signature, typed or printed name of registered	agent and little if app	licable (NOTE	: Registere	d Agent signature require	ed when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	agent and litte if app	9. Election Can Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees		ck payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AN	D DIRECTORS	9. Election Can Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees	Make ched	irtment of Si	tate
TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AN		9. Election Can Trust Fund C	npaign F Contribut	financing ion.	\$5.00 May Be Added to Fees	Make chec Florida Depa	irtment of Si	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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: Lougla M. STANLEY, Lougla SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR