


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N95000006025
1. Entity Name
HOLLANDER BROTHERS FOUNDATION, INC.



Principal Place of Business 3109 STIRLING ROAD SUITE 200 FORT LAUDERDALE, FL 33312	Mailing Address 3109 STIRLING ROAD SUITE 200 FT. LAUDERDALE, FL 33112
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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0632111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HOLLANDER, WALTER J
3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE, FL 33112**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDER, WALTER J 3109 STIRLING RD., SUITE 200 FT. LAUDERDALE, FL 33112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, MELISSA 3109 STIRLING RD.#200 FT. LAUDERDALE, FL 33112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, RONALD D 2699 STIRLING RD. SUITE B-100 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/07 \$00474010 61.25

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 an other like empowered.

SIGNATURE WALTER J. HOLLANDER, Dir 2-2007(954) 962-9720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #