

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90128 041 \*\*\*150.00

<b>DOCUMENT # P00000075293</b> 1. Entity Name <b>HOLLOWAY TECHNOLOGY, INC.</b>					
Principal Place of Business <b>201 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789 US</b>			Mailing Address <b>201 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business <b>2620 Griffin Road</b> Suite, Apt. #, etc.			3. Mailing Address <b>2620 Griffin Road</b> Suite, Apt. #, etc.		
City & State <b>Leesburg, FL</b> Zip <b>34748-3205</b>			City & State <b>Leesburg, FL</b> Zip <b>34748-3205</b>		
Country			Country		
4. FEI Number <b>59-3726959</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>HOLLOWAY, RUFUS M JR</b> <b>201 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2620 Griffin Road</b>  City <b>Leesburg</b>		
FL			Zip Code <b>34748-3205</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HOLLOWAY, RUFUS M JR</b> <b>201 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COLE, CAROLYN A</b> <b>201 N WYMORE RD.</b> <b>WINTER PARK, FL 32789</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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.					
<b>SIGNATURE:</b> <i>Rufus M. Holloway</i>			<b>3/17/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		