2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000079182

1. Entity Name
HALLIDAY CHILDREN'S CORP.

Principal Place of Business	Malling Address
10097 CLEARLY BLVD SUITE NUMBER 277 PLANTATION, FL 33323	10097 CLEARLY BLVD SUITE NUMBER 277 PLANTATION, FL 33323

DO NOT WRITE IN THIS SPACE

01262006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1034394	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

HALLIDAY, ROBERT
10097 CLEARY BLVD.
#277
FORT LAUDERDALE, FL 33324

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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

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

000000445979
03/07/06-80072-003 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	HALLIDAY, ROBERT III	
STREET ADDRESS	10097 CLEARLY BLVD #277	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	VP	
NAME	HALLIDAY, WILLIAM	
STREET ADDRESS	10097 CLEARLY BLVD #277	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	S	
NAME	HALLIDAY, ROBERT IV	
STREET ADDRESS	10097 CLEARLY BLVD #277	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
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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IN THIS SPACE

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.

SIGNATURE: Robert Halliday Pres   2-15-06   954 981-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #