



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90053 006 ***150.00

DOCUMENT # P01000050449 1. Entity Name HOLLYWOOD LIMOUSINE, INC.					
Principal Place of Business 132 TOMAHAWK DRIVE A-2 INDIAN HARBOR BEACH, FL 32937			Mailing Address PO BOX 33151 INDIALANTIC, FL 32903		
2. Principal Place of Business - No P.O. Box # 56 Ocean Drive Suite, Apt. #, etc.		3. Mailing Address 56 Ocean Drive Suite, Apt. #, etc.		40007871 	
City & State Humarock, Mass.		City & State Humarock, Mass		4. FEI Number 59-3720948	
Zip 02047		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRONZEK, JOHN K 132 TOMAHAWK DRIVE A-2 INDIAN HARBOR BEACH, FL 32937				7. Name and Address of New Registered Agent Name Amy B Van Fossen PA Street Address (P.O. Box Number is Not Acceptable) 476 Hwy A1A, Suite 3A City Satellite Beach FL Zip Code 32937	
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 <u><i>Amy B Van Fossen</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRONZEK, JOHN K 132 TOMAHAWK DRIVE INDIAN HARBOR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres John E Dronzek 56 Ocean Drive Humarock, Mass 02047	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRONZEK, JOHN E 56 OCEAN DR BOX 482 HUMAROCK, MA 020470482	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Karen Dronzek 56 Ocean Drive Humarock, Mass 02047	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John E Dronzek</i></u> PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>1-22-07</i></u> Daytime Phone # <u><i>781-839-0045</i></u>		