


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90074 016 ***150.00

DOCUMENT # P01000116370

1. Entity Name
 HALIFAX & EVA'S SERVICE INC.



Principal Place of Business
 4518 MAPLE TREE LOOP
 WESLEY CHAPEL, FL 33543

Mailing Address
 4518 MAPLE TREE LOOP
 WESLEY CHAPEL, FL 33543

2. Principal Place of Business
 27546 PLEASURE RIDE LOOP
 Suite, Apt. #, etc.

3. Mailing Address
 27546 PLEASURE RIDE LOOP
 Suite, Apt. #, etc.


City & State
 WESLEY CHAPEL, FL

City & State
 WESLEY CHAPEL, FL

Zip
 33543

Country

40046733



02242006 Chg-P CR2E034 (11/05)

4. FEI Number
 02-0564881

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELTA MECHANICAL INC
 7237 BRYAN DAIRY RD
 LARGO, FL 33777

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GUEORGUI, GUEORGUIEV 4518 MAPLE TREE LOOP WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27546 PLEASURE RIDE LOOP WESLEY CHAPEL, FL 33543
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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: Gueorgui Gueorgui 4/10/06

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