

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 005 ***150.00

DOCUMENT # P02000030268 1. Entity Name HOLIDAY CHARITIES & PROMOTIONS, INC.			
Principal Place of Business 5805 WASHINGTON ST, STE 16 HOLLYWOOD, FL 33023		Mailing Address PO BOX 187 DANIA BEACH, FL 33004	
2. Principal Place of Business 3801 S. OCEAN DR. Suite, Apt. #, etc. 9V		3. Mailing Address Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL.		City & State	
Zip 33019	Country U.S.A.	Zip	Country
4. FEI Number 01-0633579		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLER, ROBERT C 5805 WASHINGTON ST, STE 16 HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name GOLER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3801 S. OCEAN DR. #9V City HOLLYWOOD FL Zip Code 33019	
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>Robert Goler</i></u> ROBERT GOLER 4/17/06 <small>Signature, typed or printed name of registered agent and title. (Note: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	<input type="checkbox"/> Delete D GOLER, ROBERT C 5805 WASHINGTON ST, STE 16 HOLLYWOOD, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	3801 S. OCEAN DRIVE, #9V HOLLYWOOD, FL. 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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>Robert Goler</i></u> ROBERT GOLER 4/17/06 954-457-9987 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	