2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2008 08:00 A Secretary of State **DOCUMENT # P02000030268** HOLIDAY CHARITIES & PROMOTIONS, INC. Principal Place of Business Mailing Address PO BOX 187 3801 S OCEAN DR DANIA BEACH, FL 33004 HOLLYWOOD, FL 33019 CR2E034 (11/05) 02072008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0633579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLER, ROBERT C DO NOT WRITE 3801 S OCEAN DR 9V HOLLYWOOD, FL 33019 IN THIS SPACE 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 DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GOLER, ROBERT C NAME STREET ADDRESS 3801 S OCEAN DR 9V CITY-ST-ZIP HOLLYWOOD, FL 33019 U00000822703 NAME 02/20/08-80008-012 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-78 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 empowere

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

2/7/08 954-457-998

FILED