2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State

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1. Entity Name 747 HOLDINGS, INC.



Principal Place of Business

50 EAST SAMPLE ROAD SUITE 400

POMPANO BEACH, FL 33064

Mailing Address

50 EAST SAMPLE ROAD

SUITE 400

POMPANO BEACH, FL 33064



 \Box

DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1680491 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEER, DANA M 50 EAST SAMPLE ROAD SUITE 400 POMPANO BEACH, FL 33064

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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.	
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(NOTE Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00

\$5.00 May Be Added to Fees DATE

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

Signature, typed or printed name of registered agent and title if applicable

9. Election Campalgn Financing \$5.0 Trust Fund Contribution.

U00000528304 85/85/66-80033-001-150.00

10. OFFICERS AND DIRECTORS PD mie FLORESCUE, BARRY W 50 EAST SAMPLE ROAD, SUITE 400 STREET ADDRESS CITY - ST-ZIP POMPANO BEACH, FL 33064 TITLE SCHEER, DANA M STREET ADDRESS 50 EAST SAMPLE ROAD, SUITE 400 POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE NAME SCHEER, DANA M STREET ADDRESS 50 EAST SAMPLE ROAD, SUITE 400 POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE NAME SCHEER, DANA M 50 EAST SAMPLE ROAD, SUITE 400 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS CCTY+ST-7/P TITLE NAME

DO NOT WRITE 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 160 eyer or trustee empowered to eyequte 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:

STREET ADDRESS CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/2/06

(954) 784-303

Dautime Phone #