## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000131870

Entity Name: HOLY LAND MYSTERIES&HAND MADE MYSTERIES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4279 VINEYARD CIRCLE 2550 SW 18TH TERRACE

WESTON, FL 33332 1408

FORT LAUDERDALE, FL 33315

Current Mailing Address: New Mailing Address:

4279 VINEYARD CIRCLE 2550 SW 18TH TERRACE

WESTON, FL 33332 1408

FORT LAUDERDALE, FL 33315

FEI Number: 20-0392864 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YALOVETZKY DE, MONICA M 4279 VINEYARD CIRCLE WESTON, FL 33332 US YALOVETZKY DE, MONICA M 2550 SW 18TH TERRACE 1408

FORT LAUDERDALE, FL 33315 US

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.

SIGNATURE: 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition YALOVETZKY DE., MONICA M YALOVETZKY, MONIKA M Name: Name: 4279 VINEYARD CIRCLE 2550 SW 18TH TERRACE,1408 Address: Address: City-St-Zip: WESTON, FL 33332 US City-St-Zip: FORT LAUDERDALE, FL 33315 US

VP () Delete Title: P (X) Change () Addition

Name:YALOVETZKY, AMIKAM YName:YALOVETZKY, MONIKA MAddress:4279 VINEYARD CIRCLEAddress:2550 SW 18TH TERRACE,1408City-St-Zip:WESTON, FL 33332City-St-Zip:FORT LAUDERDALE, FL 33315 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIKA YALOVETZKY P 04/30/2007