4-26-2006 8:25AM FROM GALBRAITH PROPERTIES

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May 03, 2006 8:00 am
Secretary of State
05-03-2006 90207 022 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000077534

1. Entity Name
ANH HOLDINGS CORPORATION

40081005

Principal Place of Business	Mailing Address
2047 2ND AVE NO SAINT PETERSBURG, FL 33713	2047 2ND AVE NO SAINT PETERSBURG, FL 33713

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	2047 2nd Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St Petersburg FL
Zip / Country	Zip: 33713 Country: USA

4. FEI Number: 84-1664373 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANTINORE, RICHARD F
2047 2ND AVE NO
SAINT PETERSBURG, FL 33713

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: Richard Antinoro
Signature, typed or printed name of registered agent and title if applicable. (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	PD HALLIGAN, THOMAS W 2047 2ND AVE N SAINT PETERSBURG, FL 33713 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANTINORE, RICHARD F 2047 2ND AVE N SAINT PETERSBURG, FL 33713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Antinore, Richard F 2047 2nd Ave N St Petersburg FL 33713 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X Richard Antinoro 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #