


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90160 012 \*\*\*150.00

<b>DOCUMENT # P05000123105</b>	
1. Entity Name HALIFAX HOLDINGS CORPORATION.	

Principal Place of Business 110 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	Mailing Address 110 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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2. Principal Place of Business 110 John Anderson Drive Suite, Apt. #, etc.	3. Mailing Address 110 John Anderson Drive Suite, Apt. #, etc.
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03232006 Chg-P CR2E034 (11/05)

City & State Ormond Beach, FL	City & State Ormond Beach, FL
Zip 32176	Country Volusia

4. FEI Number 41-2184960	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MALLIA, JOHN A 110 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLIA, JOHN A 110 JOHN ANDERSON DR. ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MALLIA, JOHN A 110 JOHN ANDERSON DR. ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** John A. Mallia **4/24/06** **386-615-2323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**John A. Mallia, President**