

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000138688

Entity Name: HOLLOWAY INTERNATIONAL, INC.

**FILED**  
**May 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

84 CR 536  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1742  
BUSHNELL, FL 33513

**New Mailing Address:**

FEI Number: 05-0628210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLLOWAY, KEVIN  
20533 BISCAYNE BLVD  
SUITE 212  
AVENTURA, FL 33180 US

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

HOLLOWAY, JENNIFER  
20533 BISCAYNE BLVD  
SUITE 212  
AVENTURA, FL 33180 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: JENNIFER HOLLOWAY

05/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLLOWAY, KEVIN  
Address: PO BOX 1742  
City-St-Zip: BUSHNELL, FL 33512

Title: VP ( ) Delete  
Name: HOLLOWAY, JENNIFER  
Address: PO BOX 1742  
City-St-Zip: BUSHNELL, FL 33512

Title: ST ( ) Delete  
Name: PEITRE, MELISSA  
Address: PO BOX 1742  
City-St-Zip: BUSHNELL, FL 33512

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOLLOWAY, JENNIFER  
Address: PO BOX 1742  
City-St-Zip: BUSHNELL, FL 33512

Title: VP (X) Change ( ) Addition  
Name: FAINE, ROLAND  
Address: PO BOX 741  
City-St-Zip: BUSHNELL, FL 33512

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JENNIFER HOLLOWAY

P

05/30/2008

Electronic Signature of Signing Officer or Director

Date