# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P28934

1. Entity Name
MANHATTAN HOLDING COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 180 E OCEAN BLVD<br>STE 1010<br>LONG BEACH, CA 90802 US | 180 EAST OCEAN BOULEVARD<br>STE 1010<br>LONG BCH, CA 92655 US |

01062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
33-0310936
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B.
505 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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

| | |
|---|---|
| TITLE | PD |
| NAME | DELPIT, LARRY |
| STREET ADDRESS | 180 E OCEAN BLVD 1010 |
| CITY-ST-ZIP | LONG BEACH, CA 90802 |
| TITLE | S |
| NAME | BLANCHETTE, BETTI-JANE |
| STREET ADDRESS | 180 E OCEAN BLVD 1010 |
| CITY-ST-ZIP | LONG BEACH, CA 90802 |
| TITLE | T |
| NAME | ODOM, BARBARA |
| STREET ADDRESS | 180 E OCEAN BLVD 1010 |
| CITY-ST-ZIP | LONG BEACH, CA 90802 |
| TITLE | V |
| NAME | DELPIT, LARRY JR. |
| STREET ADDRESS | 180 E OCEAN BLVD 1010 |
| CITY-ST-ZIP | LONG BEACH, CA 90802 |
| TITLE | VP |
| NAME | DELPIT, DOROTHY |
| STREET ADDRESS | 180 E OCEAN BLVD 1010 |
| CITY-ST-ZIP | LONG BEACH, CA 90802 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/16/06-80007-011 150.00

**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 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:** Barbara Odom Treasurer Barbara Odom 2/1/06 562 570-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #