


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P28934</b>	
1. Entity Name <b>MANHATTAN HOLDING COMPANY</b>	

Principal Place of Business <b>180 E OCEAN BLVD STE 1010 LONG BEACH CA 90802 US</b>	Mailing Address <b>180 EAST OCEAN BOULEVARD STE 1010 LONG BCH CA 92655 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>ALEXANDER, LARRY B. 505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>DELPIT, LARRY</b>
STREET ADDRESS	<b>180 E OCEAN BLVD 1010</b>
CITY-ST-ZIP	<b>LONG BEACH CA 90802</b>
TITLE	S <input type="checkbox"/> Delete
NAME	<b>BLANCHETTE, BETTI-JANE</b>
STREET ADDRESS	<b>180 E OCEAN BLVD 1010</b>
CITY-ST-ZIP	<b>LONG BEACH CA 90802</b>
TITLE	T <input type="checkbox"/> Delete
NAME	<b>ODOM, BARBARA</b>
STREET ADDRESS	<b>180 E OCEAN BLVD 1010</b>
CITY-ST-ZIP	<b>LONG BEACH CA 90802</b>
TITLE	V <input type="checkbox"/> Delete
NAME	<b>DELPIT, LARRY JR.</b>
STREET ADDRESS	<b>180 E OCEAN BLVD 1010</b>
CITY-ST-ZIP	<b>LONG BEACH CA 90802</b>
TITLE	VP <input type="checkbox"/> Delete
NAME	<b>DELPIT, DOROTHY</b>
STREET ADDRESS	<b>180 E OCEAN BLVD 1010</b>
CITY-ST-ZIP	<b>LONG BEACH CA 90802</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 2/28/08 562-590-8835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year