## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P28934

1. Entity Name



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

MANHAT	TAN HOLDING COMPANY				<b>J</b>			
Principal Place of Business  180 E OCEAN BLVD STE 1010 LONG BEACH CA 90802 US		Mailing Aridress  180 EAST OCEAN BOULEVARD STE 1010 LONG BCH CA 92655 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Adoress						
Suite, Apt, #, etc.		Suite, Apr. #, etc.		151	1st MOORE CR2E034 (10/07)			
City & State		City & State		4. FEI Numbi	er 33-0310936		pplied For lot Applicable	
Zıp	Country	Z:p 90805	Country	5. Certificate	of Status Desired	\$9.75	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registe			
				Name				
ALEXANDER, LARRY B. 505 SOUTH FLAGLER DRIVE		Street Address		ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
WE	ST PALM BEACH FL 33401							
			City			FL Zip Cor	de	
8 The anove	named entity submits this statement fo	r the number of changing its re	enistered office or regul	stated agent or po			and accent	
	tions of registered agent.	the purpose of changing its re	sgistered blilde of regit	atereo agent, or co	in the state of folicia.	CONTROLLINGS WITH	and accept	
SIGNATURE	Signature, typed or primed harrie of rigg stived agent	and the Landington (5.07F)	Registered Agent signatura serju	turati whom romorate to		ATF	· · · · · · · · · · · · · · · · · · ·	
	and the second s			Georgia Proc. Cercitating			· · · · · · · · · · · · · · · · · · ·	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o				Election Campaign Fit     Trust Fund Contribute		.00 May Be led to Fees	
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	2S IN 11	
TITLE	PD OF ROLLIO AND	Derete	TITLE	ADDITIONS	OFFICE TO OFFICE NO	☐ Change	Addition	
NAME	DELPIT, LARRY	□ Dergae	NAME		الله الله الله المحرومة والمحرومة والمحرود ع		☐ voninou	
STREET ADDRESS	180 E OCEAN BLVD 1010		STREET ADDRESS		U0000084418 03712708-80025	98 14610-158	66	
CITY-ST-ZIP	LONG BEACH CA 90802		CITY-ST-ZIP		037 177 08-80073	nio 190°	. 80	
TITLE	S	☐ De≀ete	TITLE			☐ Chringe	nortibba 🔲	
NAME	BLANCHETTE, BETTI-JANE	Samuel Diviolity	NAME					
STREET ADDRESS	180 E OCEAN BLVD 1010		STREET ADDRESS					
CHY-ST-7IP	LONG BEACH CA 90802		CITY - ST - ZIP					
TITLE	Т	☐ Derete	IITLE			☐ Change	Addition	
NAME	ODOM, BARBARA		HAME					
STREET ADDRESS	1		STREET ADDRESS					
CITY-ST-ZIP	LONG BEACH CA 90802		CITY-ST-ZIP					
TITLE	V	☐ Dærete	TITLE			☐ Change	☐ Addition	
NAME:	DELPIT, LARRY JR.		NAME					
STREET ADDRESS CITY-ST-ZIP	180 E OCEAN BLVD 1010 LONG BEACH CA 90802		STREET ADDRESS					
	VP		CITY-ST-ZIP					
III <u>LE</u>	DELPIT, DOROTHY	☐ Deiele	TITLE			Change	Addition	
NAME STREET ADDRESS	180 E OCEAN BLVD 1010		NAME CIRCLE CORRECC				į	
CITY-ST-ZIP	LONG BEACH CA 90802		STREET ADDRESS CITY-ST-ZIP					
		П			<del> </del>		C 1-20	
TITLE NAME		☐ Delate	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. If 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 it 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 Torgorus Barbara Odom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

562-590-8835