


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P92000011929 1. Entity Name H & H ENTERTAINMENT INC. |  |
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|--|--|
| Principal Place of Business 5000 N OCEAN BLVD. Q #208 BRINY BREEZES, FL 33435 US | Mailing Address 5000 N OCEAN BLVD. Q #208 BRINY BREEZES, FL 33435 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0375176 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DOMBROSKI, BRENDA W
1447 W JENNINGS ST.
LAKE WORTH, FL 33462**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) 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

**1000000411566
02/10/06-80012-003 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOMBROSKI, MARGARET 5000 N OCEAN BLVD Q208 BOYNTON BEACH, FL 33435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOMBROSKI, HENRY F 5000 N OCEAN BLVD Q208 BRINY BREEZES, FL 33435 |
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 561-278-4311
Date Daytime Phone #