2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P93000075534 02-04-2008 90031 023 ***150.00 1. Entity Name HALLER & HALLER, INC. Principal Place of Business Mailino Address 40016403 16797 133RD DR. N. 16797 133RD DR. N. JUPITER, FL 33478 JUPITER, FL 33478 2. Principal Place of Business - No P.O. 8ox # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0444489 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALLER, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 1701 NW 97TH TERRACE PALNTATION, FL 33322 Drive Diter 8. The above named entity submits this statement for the purpose of changing its registered office or registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent President 01/28/08 imothu ller SIGNATURE_ Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change | HALLER, TIMOTHY NAME 133 1701 NW 97TH TERRACE STREET ADORESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition HALLER-MARCY, TINA M NAME NAME STREET ADDRESS 1701 NW 97TH TERRACE STREET ADDRESS 133 Drive CITY-ST-ZIP CITY-ST-7IP PLANTATION, FL 33322 THLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. Thereby 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.

FILED

Feb 04, 2008 8:00 am

changed, or on an attachment with an address, with all other like empowered.

VP 561
SIGNATURE: Lina M. Haller Marcy 01/28/08 746-0598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Provide #