


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000087081 ~	
1. Entity Name HALPRIN TRUST, INC.	

Principal Place of Business 6681 49TH STREET NORTH PINELLAS PARK FL 34665	Mailing Address 6681 49TH STREET NORTH PINELLAS PARK FL 34665
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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 (10/06)

4. FEI Number 59-3282008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALPRIN, LAURA A 6681 49TH STREET NORTH PINELLAS PARK FL 34665		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRIN, LAURA A	NAME	
STREET ADDRESS	6681 49TH STREET NORTH	STREET ADDRESS	
CITY- ST- ZIP	PINELLAS PARK FL	CITY- ST- ZIP	UD00000725492 05/03/07-80024-023 150.00
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRIN, DAVID A	NAME	
STREET ADDRESS	6681 49TH ST NO	STREET ADDRESS	
CITY- ST- ZIP	PINELLAS PARK FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAME, ELAINE	NAME	
STREET ADDRESS	6681 49TH ST. NORTH	STREET ADDRESS	
CITY- ST- ZIP	PINELLAS PARK FL 33781	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: Elaine J. Brame Elaine J. Brame 4/19/07 727-521-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #