2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2007 08:00 AM

DOCUMENT # P95000036055 1. Entity Name HIGHCROFT HOLDINGS, INC.						Secretary of Sta
11772 WEST	te of Business T SAMPLE ROAD NGS, FL 33065	US	Mailing Address 11772 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	US] 	18 2010 BYN BBYN BRIK BBN BRAB HAN BYN BRAB HAN BYN BYN BYN BYN BYN BYN BYN BYN BYN BY
DO NOT WRITE IN THIS SPA				CE	01102007 No Chg-P CR2E034 (11/05) 4. FEI Number	
6. Name and Address of Current Registered Agent ELKIN, STEVEN C ESQ. C/O FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324						NOT WRITE 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 agentary enguired when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				noing \$5	.00 May Be led to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD BALTZER, GORI 6830 NW 101 TE PARKLAND, FL	RRACE	ECTORS			U00000598964 01/25/07-80007-022 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					_	NOT WRITE THIS SPACE
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS

954-341-3502 Daytime Phone •

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR