2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P95000040423** 04-21-2006 90123 004 ***150.00 HOLLY HOLDINGS, INC. Principal Place of Business Mailing Address 3 W ENDFIELD ROAD 3137 49TH ST NORTH ST PETERSBURG, FL 33710 FEASTERVILLE, PA 19053 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 59-3339160 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARREIRO, ROBET D Street Address (P.O. Box Number is Not Acceptable) 3137 49TH ST NORTH ST PETERSBURG, FL 33710 City Zip Code 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 age Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Defete TITLE TITLE 17100 GUIF BOULEVARD-UNIT 354 No Reding Ton Beach, Fl 33708 WHITELEY, GEORGE NAME 17100 GULF BOULEVARD UNIT 344 STREET ADDRESS STREET ADDRESS NO. REDINGTON BEACH, FL. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 17100 GUIF BOULEVARD - UNIT 354 No RedINGTON BEACH, Fl 33708 WHITELEY, BARBARA A NAME NAME 17100 GULF BOULEVARD UNIT 344 STREET ADDRESS STREET ADDRESS NO. REDINGTON BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change 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 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

FILED