2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P95000040423 1. Entity Name HOLLY HOLDINGS, INC. Mailing Address Principal Place of Business **3 W ENDFIELD ROAD** 3137 49TH ST NORTH FEASTERVILLE, PA 19053 US ST PETERSBURG, FL 33710 CR2E034 (11/05) 03152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3339160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARREIRO, ROBET D DO NOT WRITE 3137 49TH ST NORTH ST PETERSBURG, FL 33710 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 , (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D WHITELEY, GEORGE NAME 17100 GULF BOULEVARD SUITE 354 STREET ADDRESS NORTH REDINGTON BEACH, FL. 33708 CITY-ST-ZIP TITLE WHITELEY, BARBARA A STREET ADDRESS 17100 GULF BOULEVARD SUITE 354 CITY-ST-ZIP NORTH REDINGTON BEACH, FL 33708 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 directory 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:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07

215-355-37/6

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