

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050711

FILED
Mar 24, 2009
Secretary of State

Entity Name: HOLYLAND TREASURES, INC.

Current Principal Place of Business:

5007 N HIATUS RD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 550278
FORT LAUDERDALE, FL 33355 US

New Mailing Address:

FEI Number: 65-0673120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAREL, ALON
9860 SW 4TH STREET
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAREL, BILHA
Address: 5007 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351 US

Title: V () Delete
Name: HAREL, ALON Y
Address: 5007 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: SHAPIRO, MICHELLE
Address: P.O.BOX 550278
City-St-Zip: FORT LAUDERDALE, FL 33355

Title: T () Delete
Name: HAREL, EREZ
Address: 5007 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EREZ HAREL

T

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date