2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2006 8:00 am Secretary of State 01-24-2006 90011 033 ***150.00

DOCUMENT # P9700000162 1. Entity Name HOLO FLO, INC.								en	MAEA	10	30.00
Principal Place of Business				Mailing Address			1	OU	0059	18	
1900 RINGLING BLVD C/O DUMBAUGH JOHN SARASOTA, FL 34236 US			C, IM	/O HORST LOHOELTE 1 KANTELACKER 32 D ERMANY, XX	, HÄPPENHEIM						
2. Principal Place of Business			3. (3. Mailing Address							
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.			01172006	Chg-P	CR2E0	34 (11/05)	
City & State			(City & State	,		4. FEI Number Applied For 65-0745023 Not Applicable				
Zip	Country			Zip	Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Currer	tered Agend		7. Name and	Address of New R	egistered /	\gent -	· · ·		
						Name					
DUMBAUGH, JOHN D 1900 RINGLING BLVD SARSOTA, FL 34236						Street Address (P.O. Box Number is Not Acceptable)					
SANGOTA, FL SAZSO						City				75- Code	
,				l		City	FL Zip Code				e ·
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 Squature, typed or printed name of regresered agent and talls if applicable. (NOTE: Registered Agent signature required when renistating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$950.00 9. Election Campaign Fin Trust Fund Contribution							5.00 May Be ded to Fees	•			
10.		OFFICERS AN	D DIREC	CTORS		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	Delete T					F T				☐ Change	Addition
NAME	LOHOEL	NÀME									
STREET ADDRESS IM KANTELACKER 32 D-64646 HE				PENHEIM	STA	EET ADDRESS					
CITY-SI-ZP GERMANY,					CITY	-ST-ZIP					
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12. I hereby	certify that th	e information supplied w	rith this fi	iling does not qualify to	or the ex	emptions containe	d in Chapter 119	Florida Statutes. I	further cert	ify that the in	nlormation
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 comporation or the receiper 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:

Daytime Phone #

LUHOELTER