2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

1. Entity Nam				Secretary of State
THEE VA	LHALLA HOLDINGS, INC	5.		
Principal Place of Business		Mailing Address		
1516 NE 17TH COURT OCALA FL 34470		1516 NE 17TH COUR OCALA FL 34470	τ	
2. Principal Place of Business		3. Mailing Address		I INSTINCT THE WAR IN THE THE PARTY SHALL
Suite. Apt. #, etc.		Stilte, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3466466 Applied For Not Applied
Ζιρ	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
151	E, DENNIS 6 NE 17TH COURT ALA FL 34470	-	Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL 2/p Code
	named entity submits this statemer ions of registered agent.	ent for the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accep-
SIGNATURE .	Signature typed or princil name of registered	agent and title if antilicable (NC)	TE Registored Agent eignature rought	ood when remstetnis) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$55 k Payable to Florida Departme	0.00		9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Fees
10.	 	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	D VIBE, DENNIS	☐ Delefe	TITLE MAME	☐ Change ☐ AdA
STREET ADDRESS CNTY-ST-21P	1516 NE 17TH COURT OCALA FL 34470		STREET ADDRESS CITY-ST-ZIP	U00000\$48310 05/12/06-80057-025 150.00
HITLE MANUE STREET ADDRESS CHY-ST-ZIP		□ Delole	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THEE NAME STREET ADDRESS CHY-ST-ZIP		☐ Detens	TITLE NAME STREET AUDRESS DYY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ESP	☐ Change ☐ Addition
TITLE NAME STREET ABORESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TULE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the co	on this report or supplemental reprovation or the receiver of trustee d, or on an attachment with an ad	ort is true and accurate and that empowered to execute this repo	my signature shall have the ort as required by Chapter (ned in Section 1.19, Florida Statutes. I further certify that the information e same legal effect as if made under oath, that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

An26,2505