


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # V07692 1. Entity Name HENLEY ENTERTAINMENT, INC.	
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Principal Place of Business 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 US	Mailing Address 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 US
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0353398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HIGGS, WILLIAM T 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104

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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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000669780 03/27/07-80081-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGGS, WILLIAM T. 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HIGGS, ANTONIA M 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIACANO, LISA F 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGNELLI, JOHN J 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 with an address, with all other like empowered

SIGNATURE Lisa F. Loiacano 3/2/07 239-775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #