

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61422

Entity Name: HALIDA, INC.

FILED  
Jul 20, 2006  
Secretary of State

## Current Principal Place of Business:

9524 BLIND PASS ROAD  
SUITE # 5  
ST. PETERSBURG BEACH, FL 33706 US

## Current Mailing Address:

9524 BLIND PASS ROAD  
SUITE # 5  
ST. PETERSBURG BEACH, FL 33706 US

FEI Number: 59-3140245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MENNICKEN, HALIDA I MRS.  
9524 BLIND PASS ROAD  
SUITE # 5  
ST. PETERSBURG BEACH, FL 33706 US

## New Principal Place of Business:

9524 BLIND PASS ROAD  
SUITE # 4  
ST. PETERSBURG BEACH, FL 33706 US

## New Mailing Address:

9524 BLIND PASS ROAD  
SUITE # 4  
ST. PETERSBURG BEACH, FL 33706 US

## Name and Address of New Registered Agent:

MENNICKEN, HALIDA I MRS.  
9524 BLIND PASS ROAD  
SUITE # 4  
ST. PETERSBURG BEACH, FL 33706 US

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: HALIDA MENNICKEN

07/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MENNICKEN, HALIDA I MRS.  
Address: 629 BAMBOO DRIVE S.  
City-St-Zip: ST. PETERSBURG, FL 33707 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HALIDA MENNICKEN

MRS

07/20/2006

Electronic Signature of Signing Officer or Director

Date