


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90008 004 ***150.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # 592142 | |  | |
| 1. Entity Name FLEETWOOD HOLIDAYS, INC. | | | |
| Principal Place of Business C/O FLEEWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 42513-7638 US | | Mailing Address C/O FLEEWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 42513-7638 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



05052006 Chg-P CR2E034 (11/05)

4. FEI Number **95-3406951** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| | | | |
|--|--|--|--------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO PLOWMAN, BOYD R 3125 MYERS ST RIVERSIDE, CA 925137638 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY/DIRECTOR LEONARD J. MCGILL 3125 MYERS STREET RIVERSIDE CA 92513-7638 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD THEOBALD, FORREST D 3125 MYERS ST, BOX 7638 RIVERSIDE, CA 925137638 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT/CEO/DIRECTOR ELDEN L. SMITH 3125 MYERS STREET RIVERSIDE CA 92513-7638 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTAS LARKIN, LYLE N. 3125 MYERS ST, BOX 7638 RIVERSIDE, CA 925137638 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAUDILL, EDWARD B 3125 MYERS ST RIVERSIDE, CA 925137638 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: LYLE N. LARKIN  5/14/06 951-351-3797
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20646397
FF-592142

FLEETWOOD HOLIDAYS INC.

OFFICERS & DIRECTORS

Elden L. Smith
Boyd R. Plowman
Leonard J. McGill
Lyle N. Larkin

President & Chief Executive Officer
Executive Vice President – Chief Financial Officer
Sr. Vice President - General Counsel and Secretary
Vice President - Treasurer and Assistant Secretary

DIRECTORS:

Elden L. Smith
Boyd R. Plowman
Leonard J. McGill
Lyle N. Larkin

ALL CORRESPONDENCE DIRECTED TO ANY OF THE
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638
RIVERSIDE, CA 92513-7628

4/25/05