2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21239

FILED Apr 27, 2005 Secretary of State

Entity Name: CONTEMPO FLORIDA HOLIDAYS LIMITED, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
43344 HWY DAVENPOR	' 27 RT, FL 33837	US				
Current Mailing Address:			New Mailir	New Mailing Address:		
43344 HWY 27 DAVENPORT, FL 33837 US						
FEI Number:	59-3113179	FEI Number Applied For () FEI	Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
WHERRETT, DONALD 43344 US HWY 27 DAVENPORT, FL 33837 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:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E WHERRETT, DOI 7162 MONTREAL LAKELAND, FL 3	_ DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LEVENTHAL, GAI 8126 FIRENZE B ORLANDO, FL 3	LVD	Title: Name: Address: City-St-Zip:	LEVENTHAL, 5090 DOWN		
Title: Name: Address: City-St-Zip:	D () E SAMSON, RICHA 2501 PARTRIDG WINTER HAVEN,	E DRIVE	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	D () E PARDOE, IAN D 203 CELEBRATION, I	ON BLVD	Title: Name: Address: City-St-Zip:	D (PARDOE, IAN 916 SPRING CELEBRATIO	PARK LOOP	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IAN PARDOE MR 04/27/2005