2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# 385660

Entity Name: HOLIDAY HOUSE CORPORATION

Current Principal Place of Business:

2037 LEE ROAD
ORLANDO, FL 32810 US

New Principal Place of Business:

2917 W. STATE ROAD 434 #111
LONGWOOD, FL 32712 US

Current Mailing Address:

2037 LEE ROAD
ORLANDO, FL 32810 US

New Mailing Address:

2917 W. STATE ROAD 434 #111
LONGWOOD, FL 32712 US

FEI Number: 59-1369811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, BRIDGET T.M.
1221 MAJESTIC OAK DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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 DIRECTORS:

Title: PD ( ) Delete
Name: WOODS, JAMES,
Address: 2037 LEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: WOODS, BRIDGET,
Address: 2037 LEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: WOODS, NICOLA M
Address: 2037 LEE ROAD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JAMES WOODS PD 04/21/2005
Electronic Signature of Signing Officer or Director Date