

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 385660

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: HOLIDAY HOUSE CORPORATION

## Current Principal Place of Business:

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

## New Principal Place of Business:

P.O. BOX 915986  
LONGWOOD, FL 32791 US

## Current Mailing Address:

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

## New Mailing Address:

P.O. BOX 915986  
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: PD (X) Change ( ) Addition  
Name: WOODS, JAMES,  
Address: P.O. BOX 915986  
City-St-Zip: LONGWOOD, FL 32791

Title: D (X) Change ( ) Addition  
Name: WOODS, BRIDGET,  
Address: P.O. BOX 915986  
City-St-Zip: LONGWOOD, FL 32791

Title: D (X) Change ( ) Addition  
Name: WOODS, NICOLA M  
Address: P.O. BOX 915986  
City-St-Zip: LONGWOOD, FL 32791

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: JAMES WOODS

PD

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date