2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 27, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # 592142 OOD HOLIDAYS, INC.					90040 011 ***15	0.00
3125 MYERS	e of Business OD ENTERPRISES INC ST, PO BOX 7638 A 42513-7638 US	ATT: TAX DEPT, P.O. BOX	iziling Address C/O FLEEWOOD ENTERPRISES INC ITT: TAX DEPT, P.O. BOX 7638 RIVERSIDE, CA 92513-7638 US			I BURN BYON BYON BURN BYON BY	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3125 MYERS ST. 3. Mailing Address							
P.O. BOX 7638		Suite, Apt. #, etc.			Chg-P	CR2E034 (12/06)	
RIVERSIDE CA		City & State			951	No.	plied For ot Applicable
Zip 92513-7		Zip	Country	5. Certificate of Status Desired		S8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name -	7. Name and A	ddress of New R	egistered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	е
SIGNATURE_	ions of registered agent. Signature typed or printed name of registered agent a E NOWILL FEE IS \$150.00 By 1, 2008 Fee will be \$550.0	9. Election Campaign		quired when remstating) \$5.00 May Be Added to Fees		DATE	
10.	OFFICERS AND D	DIRECTORS	11,	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD PLOWMAN, BOYD R 3125 MYERS ST RIVERSIDE, CA 92503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABBITIONO/C	TANGLE TO OTT	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VPTD LARKIN, LYLE N. 3125 MYERS ST RIVERSIDE, CA 92503	☐ Delete	TITLE NAME STREET AUDRESS CITY ST-ZIP			☐ Change	Addition
TITLE NAME: THE STREET ADDRESS CITY-S1-ZIP	SD MCGILL, LEONARD J 3125 MYERS ST RIVERSIDE, CA 925137638	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PCEO SMITH, ELDEN L 3125 MYERS ST RIVERSIDE, CA 925137638	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delale	HILE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statules. 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 propowered.

LYLE NL LARKIN

SIGNATURE: VP-TREASURER

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNI

951-351-3797

ATTACHMENT 40105140 # J92142

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