

FILED

Jan 26, 2005 08:00
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F96000005705 1. Entity Name CAROUSEL HOLIDAYS LIMITED, INC.	
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Principal Place of Business PARKWAY 1, PARKWAY BUSINESS CENTER 300 PRINCESS RD MANCHESTER ENGLAND, UK M 147 OC	Mailing Address PARKWAY 1, PARKWAY BUSINESS CENTER 300 PRINCESS RD MANCHESTER ENGLAND, UK M 147 OC
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000199453
01.27.05 00000 016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMAHON, GREGORY J 300 PRINCESS ROAD MANCHESTER, ENGLAND, UK M 14 7QU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKWAY MANAGEMENT SERVICES LIMITED 300 PRINCESS ROAD MANCHESTER, ENGLAND, UK M14 7QU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Gregory J. McMahon* Gregory J. McMahon - 14 January 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/14/05
Paytime: 1/14/05