
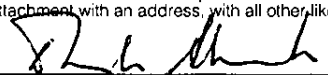


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90107 012 ***158.75

DOCUMENT # K60708 1. Entity Name ALEXANDER HOLIDAY HOMES, INC.					
Principal Place of Business 1400 W OAK ST UNIT H KISSIMMEE, FL 34741 US			Mailing Address C/O WILLIAM A. BOYLES P O BOX 3068 ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2929708			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A. 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALEXANDER, DOUGLAS A. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander, Mark 1400 W. Oak St., Unit H Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, DAPHNE W. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, ERNEST A. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, NEIL P. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, SHARON A. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JENNIFER M. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DOUGLAS ALEXANDER 02-17-06 4079336405 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60021565



02012006 Chg-P CR2E034 (11/05)

GRAY|ROBINSON
ATTORNEYS AT LAW

ATTACHMENT

60021565

William A. Boyles

407-244-5636

WBOYLES@GRAY-ROBINSON.COM

February 24, 2006

SUITE 1400
301 EAST PINE STREET (32801)
P.O. Box 3068
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TEL 407-843-8880
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gray-robinson.com

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TAMPA

Annual Reports Filing
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Alexander Holiday Homes, Inc.
Document #K60708

Dear Sir or Madam:

Enclosed with this letter is the above-referenced Corporate Annual Report. Also enclosed is our client's check in the amount of \$158.75 representing the filing fee of \$150.00 and \$8.75 to cover the fee for a Certificate of Status.

Please forward the Certificate of Status for this Corporation to the undersigned.

If you have any questions with respect to this filing, please feel free to contact the undersigned.

Sincerely,

William A. Boyles

William A. Boyles /*bsb*

WAB/bsb
Enclosure
470480 v1