
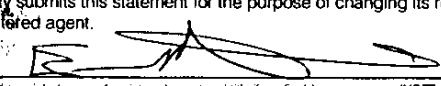
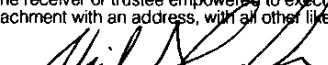


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90028 044 \*\*\*150.00

<b>DOCUMENT # K60708</b> 1. Entity Name <b>ALEXANDER HOLIDAY HOMES, INC.</b>					
Principal Place of Business <b>1400 W OAK ST UNIT H KISSIMMEE, FL 34741 US</b>			Mailing Address <b>C/O WILLIAM A. BOYLES P O BOX 3068 ORLANDO, FL 32801</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1400 W OAK ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>UNIT H</b>			
City & State		City & State <b>KISSIMMEE FL</b>			
Zip	Country	Zip <b>34741</b>	Country <b>US</b>	4. FEI Number <b>59-2929708</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BOYLES, WILLIAM A. 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801.</b>				7. Name and Address of New Registered Agent Name <b>ERNEST ALEXANDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1400 W OAK ST</b> <b>UNIT H</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34741</b>	
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					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>ALEXANDER, DOUGLAS A. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>ALEXANDER, DAPHNE W. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALEXANDER, ERNEST A. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALEXANDER, NEIL P. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HILL, SHARON A. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALEXANDER, JENNIFER M. 1400 W OAK ST, UNIT H KISSIMMEE, FL 34741</b>		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.					
<b>SIGNATURE:</b>  <b>NEIL ALEXANDER.</b>			01-23-08 407 932 6405		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		