2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# M91469

Entity Name: HOLIDAY HAPPENINGS, INC.

Current Principal Place of Business:

1850 NORTH FEDERAL HWY
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

3264 WEARS VALLEY RD
SEVIERVILLE, TN 37862 US

New Mailing Address:

FEI Number: 65-0061060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORR, PAUL PRES
4252 SUGAR PINE DRIVE
BOCA RATON, FL 33486 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: ORR, PAUL PRESID
Address: 4252 SUGAR PINE DRIVE
City-St-Zip: BOCA RATON, FL 33486

Title: VD ( ) Delete
Name: ORR, VICKY E VICE PR
Address: 4252 SUGAR PINE DRIVE
City-St-Zip: BOCA RATON, FL 33486

Title: TSD ( ) Delete
Name: ORR, VICKY E TREAS
Address: 4252 SUGAR PINE DRIVE
City-St-Zip: BOCA RATON, FL 33486

Title: SD ( ) Delete
Name: ORR, VICKY E SEC
Address: 4252 SUGAR PINE DRIVE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL ORR PRES 04/30/2005

Electronic Signature of Signing Officer or Director Date