2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003750

FILED Mar 28, 2007 Secretary of State

Entity Name: THE NATIONAL HOLIDAY FUND OF THE UNITED STATES, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1905 SOUTH BAY STREET SUITE B				8320 LAKESHORE DRIVE YALAHA, FL 34797 US			
EUSTIS, FL 32726 US							
Current Mailing Address:				New Mailing Address:			
1905 SOUTH BAY STREET SUITE B				C/O APTRONICS P. O. BOX 895069			
EUSTIS, FL	32726 U	S		RG, FL 34789	US		
FEI Number:	30-0084472	FEI Number Applied For ()	El Number Not Ap	plicable ()	Certificate of Status De	esired ()	
Name and	Address of (Current Registered Agent:	Name an	d Address of N	New Registered Age	nt:	
BRENNEIS, ANDREW L 1905 SOUTH BAY STREET SUITE B EUSTIS, FL 32726 US				BRENNEIS, ANDREW L 34704 RADIO ROAD LEESBURG, FL 34788 US			
The above in the State		submits this statement for the purp	ose of changing	ı its registered o	office or registered age	ent, or both,	
SIGNATUR	E: ANDREV	V L. BRENNEIS			03/28/2007		
	Electro	nic Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD (HADDOW, MA 8320 LAKESHI YALAHA, FL 3	ORE DRIVE	Title: Name: Address: City-St-Zip:	•) Change()Addition		
Title: Name: Address: City-St-Zip:	VD (BRENNEIS, AN 34704 RADIO LEESBURG, F	ROAD	Title: Name: Address: City-St-Zip:	``) Change()Addition		
Title: Name: Address: City-St-Zip:	D (PITTS, MARY 7306 BRIARLY ORLANDO, FL	'N COURT	Title: Name: Address: City-St-Zip:) Change()Addition		
Title: Name: Address: City-St-Zip:	TSD (BRENNEIS, PA 34704 RADIO LEESBURG, F	ROAD	Title: Name: Address: City-St-Zip:) Change()Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	LUEBCKE, HO 8305 LAKESHO	ORE DRIVE		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	LUEBCKE, JAN 8305 LAKESHO	ORE DRIVE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. BRENNEIS TSD 03/28/2007