2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2007 08:00 AM DOCUMENT # P01000034986 **Secretary of State** DOC HOLIDAY ENTERTAINMENT, INC. Principal Place of Business Mailing Address 3613 HIGHWAY 231 NORTH 3613 HIGHWAY 231 NORTH PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 No Chg-P 01092007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 91-2132526 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAUMAN, REID DO NOT WRITE 3613 HIGHWAY 231 NORTH PANAMA CITY, FL 32404 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE U00000585085 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE BAUMAN, REID NAME 3613 HIGHWAY 231 NORTH STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 VD TITLE SAULS, WENDALL NAME 3613 HIGHWAY 231 NORTH STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 860-085-831

FILED.