

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 02 FILED

05 APR 29 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000122405</b> 1. Entity Name <b>YELLOW CRANE HOLIDAYS, INC.</b>					
Principal Place of Business <b>505 AVE A NW STE 102 WINTER HAVEN, FL 33881</b>			Mailing Address <b>505 AVE A NW STE 102 WINTER HAVEN, FL 33881</b>		
2. Principal Place of Business <b>KINGSBURY LINK, TRINITY ROAD</b>		3. Mailing Address <b>30 Fourth St S.W</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tamworth Staffordshire</b>		City & State <b>Winter Haven Florida</b>			
Zip <b>B78 2EX</b>		Country <b>ENGLAND</b>		Zip <b>33880</b>	
Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>GOVONI, HARDING &amp; ASSOCIATES, INC. 505 AVE A NW STE 102 WINTER HAVEN, FL</b>			7. Name and Address of New Registered Agent Name <b>Corporate Access, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>236 S. 6th AVENUE</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32303</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 <u><i>Day Bennett</i></u> DATE <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPS, DAVID J 48-50 THE ESPLANADE ST HELIER, JE JE4 8NX	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HUDSON CHARLES W KINGSBURY LINK, TRINITY ROAD TAMWORTH B78 2EX ENGLAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, GARY J 48-50 THE ESPLANADE ST ST HELIER, JE JE4 8NX	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HOLCROFT JOHN A KINGSBURY LINK, TRINITY ROAD TAMWORTH B78 2EX ENGLAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUGEARD, ROGER A 48-50 THE ESPLANADE ST ST HELIER, JE JE4 8NX	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HEATH DONNA J KINGSBURY LINK, TRINITY ROAD TAMWORTH B78 2EX ENGLAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODFELLOW, IAN C 48-50 THE ESPLANADE ST ST HELIER, JE JE4 8NX	<input checked="" type="checkbox"/> Delete	500054125695 05/10/05--01010--003 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Day Bennett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/4/05</u> Daytime Phone # <u>00441827832244</u>		