

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164247

FILED
Mar 03, 2009
Secretary of State

Entity Name: HOLIDAY BUILDERS HOLDING, INC.

Current Principal Place of Business:

2293 WEST EAU GALLIE BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

1801 PENN ST
SUITE 1-A
MELBOURNE, FL 32901

Current Mailing Address:

2293 WEST EAU GALLIE BLVD
MELBOURNE, FL 32935

New Mailing Address:

1801 PENN ST
SUITE 1-A
MELBOURNE, FL 32901

FEI Number: 20-2056131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELPMAN, KIM
2293 WEST EAU GALLIE BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

SHELPMAN, KIM
1801 PENN ST
SUITE 1-A
MELBOURNE, FL 32901 US

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: KIM SHELPMAN

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DOSS, BONNIE
Address: 2293 WEST EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: PCOB () Delete
Name: SHELPMAN, KIM
Address: 2293 WEST EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: EVD () Delete
Name: FADIL, RICHARD
Address: 2293 WEST EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: AVP () Delete
Name: ASSAM, BRUCE
Address: 2293 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: DOSS, BONNIE
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901

Title: PCOB (X) Change () Addition
Name: SHELPMAN, KIM
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901

Title: EVD (X) Change () Addition
Name: FADIL, RICHARD
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901

Title: AVP (X) Change () Addition
Name: ASSAM, BRUCE
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE DOSS

ST

03/03/2009

Electronic Signature of Signing Officer or Director

Date