

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093063

FILED
Apr 25, 2007
Secretary of State

Entity Name: HOLIDAYS YOUR WAY INC.

Current Principal Place of Business:

2295 S HIAWASSEE ROAD SUITE 411
ORLANDO, FL 32835

New Principal Place of Business:

6996 PIAZZA GRANDE AVE
STE 202
ORLANDO, FL 32835

Current Mailing Address:

2295 S HIAWASSEE ROAD SUITE 411
ORLANDO, FL 32835

New Mailing Address:

6996 PIAZZA GRANDE AVE
STE 202
ORLANDO, FL 32835

FEI Number: 20-5203775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENEMI ASSOCIATES INC
2295 S HIAWASSEE ROAD SUITE 411
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

JENEMI ASSOCIATES INC
6996 PIAZZA GRANDE AVE
STE 202
ORLANDO, FL 32835 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: JENNIFER POLA

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANS, PHILIP
Address: 2295 S HIAWASSEE ROAD SUITE 411
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: JAMES, ANTHONY
Address: 2295 S HIAWASSEE ROAD SUITE 411
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EVANS, PHILIP
Address: 6996 PIAZZA GRANDE AVE STE 202
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change () Addition
Name: JAMES, ANTHONY
Address: 6996 PIAZZA GRANDE AVE STE 202
City-St-Zip: ORLANDO, FL 32835

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: EVANS PHILIP

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date