

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095967

FILED
Apr 23, 2008
Secretary of State

Entity Name: HOLIDAYLINX CORP.

Current Principal Place of Business:

5685 YOUNGQUIST RD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

5685 YOUNGQUIST RD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-5246670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODERICK, ED
5685 YOUNGQUIST RD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BRODERICK, RICHARD
Address: 1829 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

Title: SEC () Delete
Name: BRODERICK, DIANNE
Address: 1829 WINDING OAKS
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: BRODERICK, GARY
Address: 23469 OLDE MEADOWBROOK
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TREA () Delete
Name: BRODERICK, ED
Address: 831 SW 31ST TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ED BRODERICK

TREA

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date