

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27644

FILED
Apr 24, 2007
Secretary of State

Entity Name: HOLIDAY HOSPITALITY FRANCHISING, INC.

Current Principal Place of Business:

THREE RAVINIA DRIVE #2900
C/O CORPORATE TAX
ATLANTA, GA 303462149 US

Current Mailing Address:

THREE RAVINIA DRIVE #2900
C/O TAX DEPT
ATLANTA, GA 303462149 US

New Principal Place of Business:

THREE RAVINIA DRIVE #100
C/O CORPORATE TAX
ATLANTA, GA 303462149 US

New Mailing Address:

THREE RAVINIA DRIVE #100
C/O TAX DEPT
ATLANTA, GA 303462149 US

FEI Number: 59-2977017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: DSVP () Delete
Name: KOWALESKI, RICK
Address: THREE RAVINIA DR.
City-St-Zip: ATLANTA, GA 30346

Title: VT () Delete
Name: CHITTY, ROBERT J
Address: THREE RAVINIA DR, SUITE 2900
City-St-Zip: ATLANTA, GA 303462149

Title: DCOO () Delete
Name: MURRAY, THOMAS
Address: THREE RAVINIA DR.
City-St-Zip: ATLANTA, GA 30346

Title: DP () Delete
Name: PORTER, STEVAN
Address: THREE RAVINIA DR.
City-St-Zip: ATLANTA, GA 30346

Title: POA () Delete
Name: MEYER-ROBERTS, BARBARA
Address: 747 THIRD AVE, 26TH FL
City-St-Zip: NEW YORK, NY 10017

Title: DSVP () Delete
Name: JACKMAN, ROBERT
Address: THREE RAVINIA DRIVE
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VT (X) Change () Addition
Name: CHITTY, ROBERT J
Address: THREE RAVINIA DR, SUITE 100
City-St-Zip: ATLANTA, GA 303462149

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 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: BARBARA MEYER-ROBERTS

POA

04/24/2007

Electronic Signature of Signing Officer or Director

Date