

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013447

FILED
Apr 28, 2006
Secretary of State

Entity Name: FLORIDA HOLIDAYS INTERNATIONAL, INC.

Current Principal Place of Business:

1619 NECTARINE TRAIL
CLERMONT, FL 34711

New Principal Place of Business:

1619 NECTARINE TRAIL
CLERMONT, FL 34714

Current Mailing Address:

1619 NECTARINE TRAIL
CLERMONT, FL 34711

New Mailing Address:

1619 NECTARINE TRAIL
CLERMONT, FL 34714

FEI Number: 59-3166505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREULER, PETER J
231 NORTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 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: D () Delete
Name: HOLMES, PETER
Address: 261 HIGH ROAD
City-St-Zip: LOUGHTON ESSEX 1G10 1AH UK,

Title: D () Delete
Name: HOLMES, YVONNE
Address: 261 HIGH ROAD
City-St-Zip: LOUGHTON ESSEX 1G10 1AH UK,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANGELA LITTLEWOOD

MRS

04/28/2006

Electronic Signature of Signing Officer or Director

Date