2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90034 009 ***150.00

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1. Entity Name
HOLIDAY DESTINATIONS UNLIMITED, INC.

Principal Place of Business	Mailing Address
2878 SE WILTSHIRE TERR PORT ST. LUCIE, FL 34952	2878 SE WILTSHIRE TERR PORT ST. LUCIE, FL 34952

50000568

03132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2869 SE MERRITT TER	2869 SE MERRITT TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE FL	City & State: PORT ST. LUCIE FL
Zip: 34952 Country: USA	Zip: 34952 Country: USA

4. FEI Number 65-0810533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, RONALD P 2878 SE WILTSHIRE TERR PORT ST. LUCIE, FL 34952	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 2869 SE MERRITT TER City: PORT ST. LUCIE FL Zip Code: 34952

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, RONALD 2878 SE WILTSHIRE TERR PORT ST LUCIE, FL 34952	☐ Delete	PD JOHNSON, RONALD 2869 SE MERRITT TER PORT ST LUCIE FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DALLAS, STEPHANIE 2878 SE WILTSHIRE TERR PORT ST LUCIE, FL 34952	☐ Delete	VPS DALLAS, STEPHANIE 2869 SE MERRITT TER PORT ST. LUCIE FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie Dallas STEPHANIE DALLAS 3/17/08 772-337-2934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #