


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90079 045 \*\*\*150.00

<b>DOCUMENT # P99000097730</b> 1. Entity Name <b>GARDEN WORLD OF HOLIDAY, INC.</b>																																					
Principal Place of Business <b>17212 US HWY 19 HUDSON FL 34667</b> <i>Same</i>		Mailing Address <b>17212 US HWY 19 HUDSON FL 34667</b> <i>(Please see below)</i>																																			
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>P.O. Box 236</i>																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State 		City & State <i>Lando Lakes</i>																																			
Zip 	Country 	Zip <i>FL</i>	Country <i>34639</i>	4. FEI Number <b>59-1531848</b> Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/05)																																	
6. Name and Address of Current Registered Agent  <b>GERRELL, III, WILLIAM E 17212 US HWY 19 HUDSON FL 34667</b>			7. Name and Address of New Registered Agent Name <i>William E. Gerrell III</i> Street Address (P.O. Box Number is Not Acceptable) <i>37303 Hickory Hill Lane</i> <i>Dade City, FL</i> City <i>FL</i> Zip Code <i>33525</i>																																		
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 <i>William E. Gerrell III</i> DATE <i>4/28/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D GERRELL, III, WILLIAM E 17212 US HWY 19 HUDSON FL 34667</b> <input checked="" type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GERRELL, III, WILLIAM E 17212 US HWY 19 HUDSON FL 34667</b> <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>William E. Gerrell III</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>37303 Hickory Hill Lane</b>  <b>Dade City, FL, 33525</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William E. Gerrell III</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>37303 Hickory Hill Lane</b> <b>Dade City, FL, 33525</b>														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>William E. Gerrell III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>4/29/06</i> 813-781-2001 <small>Date Daytime Phone #</small>																																		