2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097730

Entity Name: GARDEN WORLD OF HOLIDAY, INC.

FILED Aug 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5406 LAND O' LAKES BLVD 201 N. FRANKLIN STREET LAND O' LAKES, FL 34639

SUITE 2600

TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

PO BOX 236 201 N. FRANKLIN STREET LAND O LAKES, FL 34639

SUITE 2600

TAMPA, FL 33602

FEI Number: 59-1531848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERRELL, IV, WILLIAM E CORPORATION SERVICE COMPANY 37303 HICKORY HILL LANE 1201 HAYS STREET

TALLAHASSEE, FL 32301 DADE CITY, FL 33525 US

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: KIMBERLY B. MORET 08/25/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GERRELL, IV, WILLIAM E KNUDSEN, TODD Name: Name: 37303 HICKORY HILL LANE Address: 75 FIFTH STREET NW, SUITE 440 Address:

City-St-Zip: DADE CITY, FL 33525 City-St-Zip: ATLANTA, GA 30308

Title: () Delete Title: () Change (X) Addition Name: Name: ZARATE, RENE CPA

Address: Address: 201 N. FRANKLIN STREET, SUITE 2600

TAMPA, FL 33602 City-St-Zip: 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: TODD KNUDSEN D 08/25/2009