


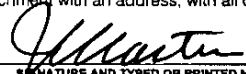
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90011 025 ***150.00

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DOCUMENT # F05000006257			
1. Entity Name PINNACLE VACATIONS, INC.			
Principal Place of Business 4960 CONVERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431		Mailing Address 4960 CONVERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431	
2. Principal Place of Business 4960 Conference Way North Suite, Apt. #, etc. Suite 100 City & State Boca Raton, Florida Zip 33431		3. Mailing Address 4960 Conference Way North Suite, Apt. #, etc. Suite 100 City & State Boca Raton, Florida Zip 33431	
4. FEI Number 20-3704976		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01262006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C DONOVAN, GEORGE F 4960 CONVERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George F. Donovan 4960 Conference Way North, Suite 100 Boca Raton, Florida 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP MALONEY, JOHN M 4960 CONVERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President John M. Maloney 4960 Conference Way North, Suite 100 Boca Raton, Florida 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PULEO, ANTHONY M 4960 CONVERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treasurer/Vice President Anthony M. Puleo 4960 Conference Way North, Suite 100 Boca Raton, Florida 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, RAY 4960 CONVERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ray Lopez 4960 Conference Way North, Suite 100 Boca Raton, Florida 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, JAMES R 4960 CONVERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary James R. Martin 4960 Conference Way North, Suite 100 Boca Raton, Florida 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached sheet for additional officers.
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: 		James R. Martin, Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 561-912-8000	

ATTACHMENT

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Pinnacle Vacations, Inc.

F05000006257

Additional Officers:

Domenic Spirito, Vice President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Sherry Long, Vice President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431

Ahmad Wardak, Vice President
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431