## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 08:00 AN Secretary of State DOCUMENT # S42218 1. Entity Name AMERICAN RESORTS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1501 GULF DRIVE NORTH 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217-2324 BRADENTON BEACH, FL 34217-2324 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3063418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALENTE, JAMES R DO NOT WRITE 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217 IN THIS SPACE 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. Lam familiar with, and accept (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution $\Box$ Added to Fees OFFICERS AND DIRECTORS 10. TITLE VALENTE, JAMES R NAME STREET ADDRESS 1501 GULF DRIVE NORTH CITY-ST-ZIP BRADENTON BEACH, FL U00000330234 04/25/05-80152-003 450.00 TITLE WEIR, GLORIA NAME STREET ADDRESS 1501 GULF DRIVE NORTH CITY-ST-ZIP BRADENTON BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/12 74/778/14

**FILED**