2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #383183

1. Entity Name

NATIONAL RESORTS, INC.



Mailing Address

9100 SOUTH DADELAND BLVD. SUITE 906, DATRAN I MIAMI, FL 33156 US

Principal Place of Business

9100 SOUTH DADELAND BLVD. SUITE 906, DATRAN I MIAMI, FL 33156 US

FILED Mar 30, 2006 08:00 AM Secretary of State



03152006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1353322

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

COULTER, JOSEPH R III 9100 SOUTH DADELAND BLVD. SUITE 906, DATRAN I MIAMI, FL 33151

65 LEUCADENDRA DR

MIAMI, FL 33156

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MIAMI, FL 33151			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the patients of registered agent.	surpose of changing its registered	office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed mame of registered agent and trial	d applicable (NOTE Registered A	gent signature	required when remislating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	VPT				
NAME	VAN, SUE	1			
STREET ADDRESS	1611 SW 106 TERR	1		·	•
City-St-ap	DAVIE FL 33324				
TITLE	S	1			
NAME	BARLIN, WAYNE A.	1			
STREET ADDRESS	9844 S.W. 124TH TERRACE	1			
GITY-ST-ZIP	MIAMI, FL 33176				UDDOORAGES
TITLE	P				U00000486156
NAME	COULTER, JOSEPH R III	•			04/13/06-80024-013 150.00
STREET AUDRESS	260 HUNTINGLODGE DRIVE	. 1		DΩ	NOT WOITE
CITY-SI-ZIP	MIAMI SPRINGS, FL 33166			UU	NOT WRITE
TITLE	VP			181	THIS SDACE
KAME	COULTER-JONES, LAURA	3		11.4	THIS SPACE

12. I hoteby certify that the information supplied with this filling 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:

STREET ADDRESS. CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CHY-ST-JIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

305-670-3539

Daytme Pho