## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AN Secretary of State

ANNUAL REPORT							
DOCUMENT #  1. Entity Name FIRST INTERVAL CO							
Principal Place of Business 4875 PINE TREE DRIVE MIAMI BEACH, FL 33140	US	Mailing Address 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 US					

Principal Place 4875 PINE T MIAMI BEACH	REE DRIVE 5	eiling Address 1000 AVENUE OF THE STARS ISSIMMEE, FL 34746 US	CE	04262007  4. FEI Number 59-1479	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable	
	a Name and Address of Green A State			5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLEL, MEYERS 4875 PINETREE DR MIAMI, FL 33140			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	ed office or registe	red agent, or both	ı, in the State of Flor	ida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and otte	if applicable (NOTE: Registere	1 Agent signature require	d when reinstating)		DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ded to Fees		:	
10.	OFFICERS AND DIREC	CTORS	,			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEYERS, HILLEL 4875 PINETREE DRIVE MIAMI BEACH, FL 33140				U00000 -05/16/07	746396 80064-014, 150, 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TIILE NAME Street address City-St-Zip	,		, { } *	IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP						4	
TITLE NAME ' STREET ADDRESS   CITY-ST-ZIP			<b>r.</b>				

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: <

MATURE AND TYPED OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

PresidenTHILLEL HEYER 4/26/