



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 841028 1. Entity Name AFFINITY ROAD AND TRAVEL CLUB, INC.	
---	---

Principal Place of Business 64 INVERNESS DR E ENGLEWOOD, CO 80112 US	Mailing Address 64 INVERNESS DR E ENGLEWOOD, CO 80112 US
--	--

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2066824	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

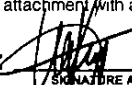
10. **Pls. see attached.** OFFICERS AND DIRECTORS

TITLE	DC
NAME	ADAMS, STEPHEN
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	S
NAME	LUSK, TERRY C
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	V
NAME	KUPPER, MARK
STREET ADDRESS	64 INVERNESS DR. EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	AS
NAME	YORK, ROBERT T
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	CEO
NAME	SCHNEIDER, MICHAEL
STREET ADDRESS	2575 VISTA DEL MAR DR
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	CFO
NAME	WOLFE, TOM
STREET ADDRESS	2575 VISTA DEL MAR DR
CITY-ST-ZIP	VENTURA, CA 93001

**DO NOT WRITE
IN THIS SPACE**

U00000716432
04/30/07-80007-020 158.75

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:  **Mark Kupper, Executive VP** **303/728-2267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04/14/07** Daytime Phone # _____