


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 841997 1. Entity Name LEISURE RESORTS, INC.	
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Principal Place of Business % CHASE ENTERPRISES 225 ASYLUM ST, 29TH FLR HARTFORD, CT 06103-1538 US	Mailing Address % CHASE ENTERPRISES 225 ASYLUM ST, 29TH FLR HARTFORD, CT 06103-1538 US
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02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0992312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331

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

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. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REMIREZ, RICHARD J. F. 400-A N. FLAGLER DR. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDS CHASE, CHERYL A GOODWIN SQUARE, 225 ASYLUM ST, 29TH FLR HARTFORD, CT 061031538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD CHASE, ARNOLD L. GOODWIN SQUARE, 225 ASYLUM ST, 29TH FLR HARTFORD, CT 061031538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORCO, ERNEST A GOODWIN SQUARE, 225 ASYLUM ST, 29TH FLR HARTFORD, CT 061031538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000732579
 05/09/07-80052-004 150.00

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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: Cheryl A. Chase, Executive Vice President April 26, 2007 860-549-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #