

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003267

Entity Name: VACATION.COM, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1650 KING ST, SUITE 450
ALEXANDRIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

1650 KING ST, SUITE 450
ALEXANDRIA, VA 22314

New Mailing Address:

FEI Number: 11-3114122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOPEZ, EDNA W
Address: 8910 SW 97TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VT () Delete
Name: ELLIOTT, BRENDA
Address: 3101 HOMES RUN ROAD
City-St-Zip: FALLS CHURCH, VA 22042

Title: P () Delete
Name: KNOTT, RICHARD C
Address: 10205 WOODVALE POND DRIVE
City-St-Zip: FAIRFAX STATION, VA 22039

Title: S () Delete
Name: LOPEZ, EDNA W
Address: 8910 S.W. 97TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: JONES, DAVID V
Address: SALVADOR DE MADARIAGA 1, E 28027
City-St-Zip: MADRID, SP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDNA W LOPEZ

D

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date