

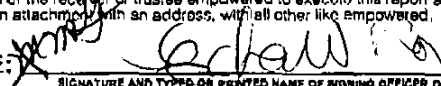
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FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90213 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003267			
1. Entity Name VACATION.COM, INC.			
Principal Place of Business 1650 KING ST, SUITE 450 ALEXANDRIA, VA 22314		Mailing Address 1650 KING ST, SUITE 450 ALEXANDRIA, VA 22314	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 11-3114122		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 date if applicable. (NOTE: Registered Agent signature required when registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, EDNA W 8910 SW 97TH TERRACE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ELLIOTT, BRENDA 3101 HOMES RUN ROAD FALLS CHURCH, VA 22042 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROD PICK 1650 KING ST., SUITE 450 ALEXANDRIA, VA 22314 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRACAS, STEVE 1650 KING ST., SUITE 450 ALEXANDRIA, VA 22314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, EDNA W 8910 S.W. 87TH TERRACE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DAVID V SALVADOR DE MADARIAGA 1, E 28027 MADRID, SP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  EDNA W. LOPEZ		Date _____ Daytime Phone # (305) 499-6716	

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04252007 Chg-P CR2E034 (12/05)