

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001808

Entity Name: CCCC RESORT VILLAS INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1029 MCNICOLL AVENUE
SCARBOROUGH, ON MIW-3W6 CA

Current Mailing Address:

1029 MCNICOLL AVENUE
SCARBOROUGH, ON M1W-3W6 CA

New Principal Place of Business:

28 SANDIFORD DRIVE
SUITE 203
STOUFFVILLE, ON L4A 1L8 CA

New Mailing Address:

28 SANDIFORD DRIVE
SUITE 203
STOUFFVILLE, ON L4A 1L8 CA

FEI Number: 98-0394487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROSS, JOSEPH J JR.
C/O FEE, KOBLEGARD & DEROSS
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950 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: PD () Delete
Name: WALKER, WILLIAM F
Address: 1029 MCNICOLL AVE.
City-St-Zip: SCARBOROUGH, ON MIW-3W6 CA

Title: SD () Delete
Name: DANIELL, GARY A
Address: 1029 MCNICOLL AVE.
City-St-Zip: SCARBOROUGH, ON M1W-3W6 CA

Title: D () Delete
Name: DANIELL, WILLIAM J
Address: 1029 MCNICOLL AVE.
City-St-Zip: SCARBOROUGH, ON MIW-3W6 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, WILLIAM F
Address: 28 SANDIFORD DRIVE, SUITE 201
City-St-Zip: STOUFFVILLE, ON L4A 1L8 CA

Title: SD (X) Change () Addition
Name: DANIELL, GARY A
Address: 28 SANDIFORD DRIVE, SUITE 201
City-St-Zip: STOUFFVILLE, ON L4A 1L8 CA

Title: D (X) Change () Addition
Name: DANIELL, WILLIAM J
Address: 28 SANDIFORD DRIVE, SUITE 201
City-St-Zip: STOUFFVILLE, ON L4A 7W1 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM F. WALKER

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date