

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001808

FILED
Jan 04, 2011
Secretary of State

Entity Name: CCCC RESORT VILLAS INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: DANIELL, WILLIAM J
Address: 28 SANDIFORD DRIVE, SUITE 201
City-St-Zip: STOUFFVILLE, ON L4A 1L8 CA

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM F. WALKER

PD

01/04/2011

Electronic Signature of Signing Officer or Director

Date