2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004057

Entity Name: AWARD VACATION CORPORATION

FILED Jan 19, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

325 E. SOUTHERN AVE., STE. 114 325 E. SOUTHERN AVE., STE. 110

TEMPE, AZ 85282 TEMPE, AZ 85282

Current Mailing Address: New Mailing Address:

1628 E. SOUTHERN AVE., STE. 9, PMB. 301 TEMPE, AZ 85282

FEI Number: 86-0940793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORTION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP () Delete Title: CP (X) Change () Addition Name: REED, WILLIAM E REED, WILLIAM E

 Name:
 REED, WILLIAM E
 Name:
 REED, WILLIAM E

 Address:
 1628 E. SOUTHERN AVE. STE. 9, PMB 301
 Address:
 1881 E. GENEVA DR

 City-St-Zip:
 TEMPE, AZ 85282
 City-St-Zip:
 TEMPE, AZ 85282

Title: DS () Delete Title: () Change () Addition

 Name:
 REED, BETTIE JO
 Name:

 Address:
 1881 E. GENEVA DR
 Address:

 City-St-Zip:
 TEMPE, AZ 85282
 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: WILLIAM E. REED CP 01/19/2005