2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006229

Entity Name: EASY LINE NINE, INC.

FILED Jan 29, 2008 Secretary of State

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

DREAM VACATIONS DREAM VACATIONS WORLDWIDE

3030 N. ROCKY POINT DRIVE W. SUITE 755 3030 N. ROCKY POINT DRIVE W. SUITE 755

TAMPA, FL 33607 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

DREAM VACATIONS DREAM VACATIONS WORLDWIDE

7964-B ARJONS DRIVE 7964-B ARJONS DRIVE SAN DIEGO, CA 92126 SAN DIEGO, CA 92126

FEI Number: 84-1643621 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:

SHARP, DIANE SHARP, DIANE

DREAM VACATIONS DREAM VACATIONS WORLDWIDE

3030 N. ROCKY POINT DRIVE W., SUITE 755 3030 N. ROCKY POINT DRIVE W., SUITE 755

TAMPA, FL 33607 US TAMPA, FL 33607 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: 01/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 SHARP, DIANE
 Name:

 Address:
 7964-B ARJONS DRIVE
 Address:

 City-St-Zip:
 SAN DIEGO, CA 92126
 City-St-Zip:

Title: DST () Delete Title: () Change () Addition

 Name:
 BUNN, JEANETTE
 Name:

 Address:
 7964-B ARJONS DRIVE
 Address:

 City-St-Zip:
 SAN DIEGO, CA 92126
 City-St-Zip:

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: DIANE SHARP DP 01/29/2008