2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

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Entity Name: HAWAII VACATION TITLE SERVICES, INC.

Current Principal Place of Business:

8801 VISTANA CENTRE DRIVE
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

8801 VISTANA CENTRE DRIVE
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 20-0773633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO ( ) Delete
Name: GELLEIN, RAYMOND L JR
Address: 8801 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: DP ( ) Delete
Name: RIVERA, SERGIO D
Address: 8801 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: DCFO ( ) Delete
Name: FRYMIRE, MICHELLE SVPT
Address: 9102 SOUTHPARK CENTER LOOP
City-St-Zip: ORLANDO, FL 32819

Title: SVPD ( ) Delete
Name: WERTH, SUSAN
Address: 8803 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: SVP ( ) Delete
Name: CARTER, VICTORIA H AS
Address: 8803 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: VP ( ) Delete
Name: BELL, CHARLES
Address: 9002 SAN MARCO COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: AVRIL, MATTHEW E
Address: 8801 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DCFO (X) Change ( ) Addition
Name: FRYMIRE, MICHELLE SVPT
Address: 9002 SAN MARCO CT
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: SUSAN WERTH SVPD 04/08/2008

Electronic Signature of Signing Officer or Director Date