

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007572

FILED
Jul 03, 2007
Secretary of State

Entity Name: VACATION INTERNATIONALE, INC.

Current Principal Place of Business:

1417 116TH AVENUE NE
BELLEVUE, WA 98004

New Principal Place of Business:

Current Mailing Address:

1417 116TH AVENUE NE
BELLEVUE, WA 98004

New Mailing Address:

FEI Number: 91-1600565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: FLETCHER, JAMES
Address: 15724 BEACH DRIVE NE
City-St-Zip: SEATTLE, WA 98155

Title: VVC () Delete
Name: FLAD, BETTY
Address: 1400 SW WOODWAY
City-St-Zip: PORTLAND, OR 97225

Title: STD () Delete
Name: LAURIS, BATEMAN
Address: 33450 EAST TREE BARK LANE
City-St-Zip: MOUNT VERNON, WA 98274

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FLAD, BETTY
Address: 1400 SW WOODWAY
City-St-Zip: PORTLAND, OR 97225

Title: VP (X) Change () Addition
Name: CONRAD, JOE
Address: 5538 SOUTH BASALT AVENUE
City-St-Zip: BOISE, ID 83716

Title: SEC (X) Change () Addition
Name: BATEMAN, LAURIS
Address: 33450 EAST TREE BARK LANE
City-St-Zip: MOUNT VERNON, WA 98274

Title: VP () Change (X) Addition
Name: ESTEP, LONDON
Address: 1300 170TH PLACE NE
City-St-Zip: BELLEVUE, WA 98008

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: JOHN M. ARTHUR

NONE

07/03/2007

Electronic Signature of Signing Officer or Director

_____ Date