## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002912

Entity Name: RESORT OWNERS GROUP LTD. INC.

FILED May 11, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

219 DUFFERIN STREET, SUITE 100-B 219 DUFFERIN STREET TORONTO, ONTARIO SUITE 100-B

CANADA M6K 3J1, OC TORONTO, ON M6K 3J1

**Current Mailing Address: New Mailing Address:** 

219 DUFFERIN STREET, SUITE 100-B 219 DUFFERIN STREET TORONTO, ONTARIO

SUITE 100-B

CANADA M6K 3J1, OC TORONTO, ON M6K 3J1

FEI Number: 98-0526278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DEROSS, JOSEPH J FEE, DEROSS & FEE, P.L 500 VIRGINIA AVENUE, SUITE 200 FORT PIERCE, FL 34982 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:

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: CFO (X) Change ( ) Addition

CARTER, GARY Name: Name: CARTER, GARY 1452 SPRING ROAD 1452 SPRING ROAD Address: Address:

City-St-Zip: MISSISSAUGA, ONTORIO, CANADA, City-St-Zip: MISSISSAUGA, ON L5J 1M9 CA

Title: VCP Title: ( ) Delete (X) Change ( ) Addition

Name: LYNCH, TERRY Name: LYNCH, TERRY

1130 MORRISON HEIGHTS 1130 MORRISON HEIGHTS Address: Address: OAKVILLE, ONTARIO, CANADA, OC OAKVILLE, ON L6J 4J1 CA City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete COO (X) Change ( ) Addition

SIKLOS, TOM SIKLOS, TOM Name: Name: 22 BABY POINT ROAD 22 BABY POINT ROAD Address Address:

City-St-Zip: TORONTO, ONTARIO, CANADA, OC City-St-Zip: TORONTO,, ON M6S 2E9 CA

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: TOM SIKLOS COO 05/11/2009