

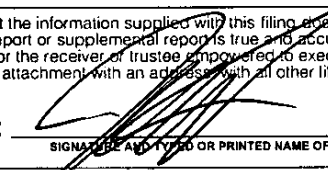


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 035 ***150.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # F81840 1. Entity Name KATHY NESBIT VACATIONS, INC. | | | |  | |
| Principal Place of Business 7205 ESTERO BOULEVARD - P.O. BOX 107 VILLA SANTINI PLAZA FORT MYERS BEACH, FL 33931-1707 | | | Mailing Address 7205 ESTERO BOULEVARD - P.O. BOX 107 VILLA SANTINI PLAZA FORT MYERS BEACH, FL 33931-1707 | | |
| 2. Principal Place of Business 7205 Estero Blvd Suite, Apt. #, etc. Suite 707 City & State Ft Myers Bch FL Zip 33931 Country USA | | 3. Mailing Address 7205 Estero Blvd Suite, Apt. #, etc. Suite 707 City & State Ft Myers Bch Zip 33931 Country USA | | <div style="font-size: 1.2em; font-weight: bold;">50017140</div>  | |
| 4. FEI Number 59-3093862 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ADAMS, HAL 7205 ESTERO BLVD. FT. MYERS, FL 33931 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP NESBIT, KATHY 7205 ESTERO BLVD. FT. MYERS BCH., FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV NESBIT, JEFFREY S 25001 PARADISE RD BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address both of which are other like empowered. | | | | | |
| SIGNATURE:  Jeffrey S. Nesbit 4/25/06 239 463-188 | | | | | |