2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# F93000004984

Entity Name: PERENNIAL VACATION CLUB, INC.

Current Principal Place of Business:

1625 HWY 88
SUITE 203
MINDEN, NV 89423 US

New Principal Place of Business:

Current Mailing Address:

1625 HWY 88
SUITE 203
MINDEN, NV 89423 US

New Mailing Address:

FEI Number: 88-0172734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KENNETH W
5925 IMPERIAL PARKWAY #110
(POBOX: 5258/LAKELAND,FL/33807
MULBERRY, FL 33860 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

OFFICERS AND DIRECTORS:

Title:	PCD	( ) Delete
Name:	WAYNE, LAURENCE H JUDGE	
Address:	1625 HWY 88, SUITE 203	
City-St-Zip:	MINDEN, NV 89423	
Title:	WCD	( ) Delete
Name:	CHILDERS, MICHAEL DR.	
Address:	1625 HWY 88, STE 203	
City-St-Zip:	MINDEN, NV 89423	
Title:	DS	( ) Delete
Name:	DRISCOLL, VICTOR A JR	
Address:	1625 HWY 88, STE 203	
City-St-Zip:	MINDEN, NV 89423	
Title:	TD	( ) Delete
Name:	HUELLEN, JUERGEN	
Address:	1625 HWY 88, STE 203	
City-St-Zip:	MINDEN, NV 89423	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDGE LAURENCE H. WAYNE PCD 04/21/2003

Electronic Signature of Signing Officer or Director Date