

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006772

FILED
Feb 08, 2007
Secretary of State

Entity Name: FUTURISTIC VACATIONS, INC.

Current Principal Place of Business:

110 E BROWARD BLVD
10TH FLOOR
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

110 E BROWARD BLVD
10TH FLOOR
FT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0696127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, DENNIS D
TRIPP, SCOTT, CONKLIN & SMITH
110 SE 6TH STREET
FT LAUDERDALE, FL 33301 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: CDCE () Delete
Name: EGAN, MICHAEL
Address: 110 E. BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: T () Delete
Name: ALLEN, CELESTE V
Address: 110 E BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: SEGAUL, ROBIN
Address: 110 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VFAT () Delete
Name: DAVISON, NICHOLAS
Address: 110 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: AVP () Delete
Name: DAVISON, NICHOLAS
Address: 110 EAST BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

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:

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 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: NDAVISON

Electronic Signature of Signing Officer or Director

AVP

02/08/2007

_____ Date