2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

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Entity Name: SUNTERRA RESORT MANAGEMENT, INC.

Current Principal Place of Business:

3865 W CHEYENNE AVE
NORTH LAS VEGAS, NV 89032

New Principal Place of Business:

3865 W CHEYENNE AVE
NORTH LAS VEGAS, NV 89032 US

Current Mailing Address:

3865 W CHEYENNE AVE
NORTH LAS VEGAS, NV 89032

New Mailing Address:

3865 W CHEYENNE AVE
NORTH LAS VEGAS, NV 89032 US

FEI Number: 86-0713421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: VP ( ) Delete
Name: KRAWCZYK, ROBERT A
Address: 3865 W CHEYENNE AVE
City-St-Zip: NORTH LAS VEGAS, NV 89032

Title: D ( ) Delete
Name: BENSON, NICHOLAS J
Address: 3865 W CHEYENNE AVE
City-St-Zip: NORTH LAS VEGAS, NV 89032

Title: CFO ( ) Delete
Name: WEST, STEVEN E
Address: 3865 W. CHEYENNE AVE.
City-St-Zip: NORTH LAS VEGAS, NV 89032 US

Title: DV ( ) Delete
Name: WEST, STEVEN E
Address: 3865 W CHEYENNE AVE
City-St-Zip: NORTH LAS VEGAS, NV 89032 US

Title: V ( ) Delete
Name: GENNUSO, ANDREW
Address: 3865 W CHEYENNE AVE
City-St-Zip: NORTH LAS VEGAS, NV 89032 US

Title: SV ( ) Delete
Name: BAUMAN, FREDERICK C
Address: 3865 W. CHEYENNE AVE.
City-St-Zip: NORTH LAS VEGAS, NV 89032 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: KRAWCZYK, ROBERT A
Address: 3865 W CHEYENNE AVE
City-St-Zip: NORTH LAS VEGAS, NV 89032 US

Title: D (X) Change ( ) Addition
Name: BENSON, NICHOLAS J
Address: 3865 W CHEYENNE AVE
City-St-Zip: NORTH LAS VEGAS, NV 89032 US

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: FREDERICK C BAUMAN SV 04/07/2006

Electronic Signature of Signing Officer or Director Date