
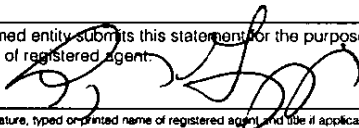
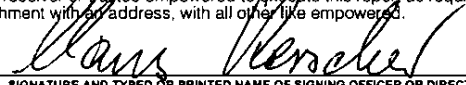


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90196 028 ***150.00

DOCUMENT # J82287 1. Entity Name RESORTS EXCHANGE INTERNATIONAL OF AMERICA, INC.																																																																																																																																			
Principal Place of Business 2 PALMETTO STREET WELAKA, FL 32193			Mailing Address PO BOX 534 WELAKA, FL 32193																																																																																																																																
2. Principal Place of Business 1301 Plantation Island Dr. S.		3. Mailing Address 1301 Plantation Island Dr. S.																																																																																																																																	
Suite, Apt. #, etc. Dr. S. Ste. 202B		Suite, Apt. #, etc. Ste. 202B																																																																																																																																	
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Zip 32080		Country US		Zip 32080																																																																																																																															
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6. Name and Address of Current Registered Agent FARLEY, EDWARD 6401 A-1A SOUTH SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Larry T. Griggs Street Address (P.O. Box Number is Not Acceptable) 1301 Plantation Island Dr. S. Ste. 202B City St. Augustine FL Zip Code 32080																																																																																																																																
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  DATE 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
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																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">VS</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">President</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ANDERSON, ALETA</td> <td></td> <td>NAME</td> <td>Claus Kerscher</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6401 A-1-A SOUTH</td> <td></td> <td>STREET ADDRESS</td> <td>507 Lakeway Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT AUGUSTINE, FL 32080</td> <td></td> <td>CITY-ST-ZIP</td> <td>St. Augustine, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>Secretary</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FARLEY, EDWARD</td> <td></td> <td>NAME</td> <td>Claus Kerscher</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6401 A-1-A</td> <td></td> <td>STREET ADDRESS</td> <td>507 Lakeway Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT AUGUSTINE, FL 32080</td> <td></td> <td>CITY-ST-ZIP</td> <td>St. Augustine, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ANDERSON, ALETA		NAME	Claus Kerscher		STREET ADDRESS	6401 A-1-A SOUTH		STREET ADDRESS	507 Lakeway Dr.		CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, FL		TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FARLEY, EDWARD		NAME	Claus Kerscher		STREET ADDRESS	6401 A-1-A		STREET ADDRESS	507 Lakeway Dr.		CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, FL		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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, with all other like empowered.																																																																																																																																			
SIGNATURE:  DATE 5/1/06 (204) 471-7858 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			