2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 08, 2007 8:00 am DOCUMENT #K16505 **Secretary of State** 02-08-2007 90039 007 ***150.00 VACATION STATION, INC. Mailing Address Principal Place of Business 100 EST GRANADA BLVD 100 EST GRANADA BLVD 40077210 ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 59-2883723 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHAN, KATHRYN ESQ REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A. 110 EAAST GRANADA BLVD SUITE 104 ORMOND BEACH, FL 32176 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change DSV TITLE Addition TITLE ☐ Defete SCHLOSSBERG, STEVE NAME NAME 100 EAST GRAN STREET ADDRESS 1601 N HALIFAX AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL CITY-ST-ZIP TITLE TITLE ☐ Delete KANDEL, MARTIN M NAME 100 EAST GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE 100 EAST GRANADA BL NAME COLTELLI, LARRY NAME STREET ADDRESS 347 N BEACH ST STREET ADDRESS CITY-ST-7IP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachmen an address, with all other like empowered

SIGNATURES

STEVE SCHLOSSBERG Z-Z-07 (386)257-2024

FILED