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(R	equestor's Name)	
(A	ddress)	
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		•
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
	ocument Number)	
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SECHETARY OF STATE
ORIDA

off Resign.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VACATION INVENTORY, INC.
(Name of Corporation)
DOCUMENT NUMBER: M82326
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David P. Simon
(Name of Person)
(Name of Firm/Company)
3317 West Napoleon Avenue
(Address)
Tampa, FL 33611
(City/State and Zip Code)
For further information concerning this matter, please call:
David P. Simon 813 767-7758
David P. Simon at (813) 767-7758 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L David P. Simon	, hereby resign as	President and Director (Title)	
of VACATION INVENTORY, INC.			
(Name of C	orporation)		
M82326	corporation organized un	der the laws of the State	of
(Document Number, if known)			
Florida			
(Signal	ature of resigning officer/direc	SECRETARY OF STATE TALLAHASSEE. FLORID	FILED 2005 NOV -3 AM 9: 0(

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314