2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26960

FILED Apr 05, 2008 Secretary of State

Entity Name: POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3045 POLYNESIAN ISLES BLVD. KISSIMMEE, FL 347466212

Current Mailing Address: New Mailing Address:

ATTN: LINDA RIDDLE 3865 W. CHEYENNE AVE N. LAS VEGAS, NV 89032

FEI Number: 59-2948840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SABO, JASON MAGDOS, TROY Name: Name: Address:

3865 W CHEYENNE AVE Address: 3865 W CHEYENNE AVE City-St-Zip: NORTH LAS VEGAS, NV 89032 City-St-Zip: NORTH LAS VEGAS, NV 89032

(X) Change () Addition Title: Title: () Delete WINDSOR, MARILYN TOSTE, JASON Name: Name: Address:

5865 W. CHEYENNE AVE Address: 5865 W. CHEYENNE AVE City-St-Zip: NORTH LAS VEGAS, NV 89032 City-St-Zip: NORTH LAS VEGAS, NV 89032

Title: STD () Delete Title: (X) Change () Addition SKORA, PHYLLIS SKORA, PHYLLIS Name: Name:

32351 TECIA DRIVE 32351 TECIA DRIVE Address: Address: City-St-Zip: WARREN, MI 48088 City-St-Zip: WARREN, MI 48088

Title: PD () Delete Title: DP (X) Change () Addition

Name: COSTA, CARLOS Name: COSTA, CARLOS Address: 1125 STATE ROAD #4 Address: 1125 STATE ROAD #4 City-St-Zip: WESTPORT, MA 02790 City-St-Zip: WESTPORT, MA 02790

Title: () Delete Title: (X) Change () Addition

EMKEN, GARY EMKEN, GARY Name: Name: 4147 THIRD COURT 4147 THIRD COURT Address: Address: LANTANA, FL 33462 City-St-Zip: City-St-Zip: LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN WINDSOR D 04/05/2008