2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028076

Entity Name: RESORT VEHICLES INC

FILED Mar 01, 2006 Secretary of State

Littly Nan	ile. RESORT	VEHICLES INC.					
Current Principal Place of Business:				New Principal Place of Business:			
917 N FLAGLER DR APT 210				917 N FLAGLER DR STE 210			
WESTPAL	.M BEACH, FL	33401	'	WEST PALI	M BEACH, FI	_ 33401	
Current Mailing Address:				New Mailing Address:			
917 N FLAG APT 210 WEST PAI	GLER DR .M BEACH, FL	33401	5	917 N FLAG STE 210 WEST PALI	GLER DR M BEACH, FI	33401	
FEI Number:		FEI Number Applied For()		per Not Applic			atus Desired ()
Name and	Address of C	urrent Registered Agent:	ı	Name and A	Address of N	New Registere	d Agent:
420 CLEM/ WEST PAL	EVELYN CPA ATIS STREET: .M BEACH, FL	33401 US					
The above in the State		ubmits this statement for the pu	rpose of	changing its	s registered o	office or register	red agent, or both,
SIGNATUR	RE:						
	Electroni	c Signature of Registered Agent	t			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () POLLITZER, ER 917 N. FLAGLER WEST PALM BE	R DRIVE	1 4	Fitle: Name: Address: City-St-Zip:) Change ()Addit	ion
Title: Name: Address: City-St-Zip:	D () PALMER, WALT 4014 SE FAIR\ STUART, FL 34	WAY EAST	1	Fitle: Name: Address: City-St-Zip:	()) Change ()Addit	ion
Title: Name: Address: City-St-Zip:	DS () WAGNER, HELC 1400 ALABAMA PALM BEACH, F	AVENUE # 10	1	\ddress:	WAGNER, HEL 1400 ALABAMA) Change ()Addil .GA A AVENUE, STE # EACH, FL 33401	
Title: Name: Address: City-St-Zip:	D () BAMDAS, STEP 3671 N. DIXIE H POMPANO BEA	WY	1 4	Fitle: Name: Address: Dity-St-Zip:	()) Change ()Addit	ion
Title: Name: Address: City-St-Zip:	D () STONESTROM, 137 KINGS ROA PALM BEACH, F	AD .	1 4	Fitle: Name: Address: City-St-Zip:) Change ()Addit	ion

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: POLLITZER ERIKA DP 03/01/2006