2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P00000028076

Entity Name: RESORT VEHICLES INC.

Current Principal Place of Business:

917 N FLAGLER DR
STE 210
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

917 N FLAGLER DR
STE 210
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-1065846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKES, EVELYNE CPA
420 CLEMATIS STREET, 2ND FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PST	( ) Delete
Name:	POLLITZER, ERIKA	
Address:	917 N. FLAGLER DRIVE, STE # 210	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	VP	( ) Delete
Name:	BAMDAS, STEPHEN P	
Address:	3671 N. DIXIE HWY	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	D	( ) Delete
Name:	STONESTROM, ERIC	
Address:	137 KINGS ROAD	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	PALMER, WALTER E	
Address:	2854 SE FAIRWAY WEST	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	WAGNER, HELGA	
Address:	1400 ALABAMA AVENUE, STE #10	
City-St-Zip:	WEST PALM BBEACH, FL 33401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIKA POLLITZER PST 04/21/2008

Electronic Signature of Signing Officer or Director — Date