

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060757

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: VACATION INSURANCE PRODUCTS, INC.

## Current Principal Place of Business:

215 CELEBRATION PLACE, #250  
CELEBRATION, FL 34747

## New Principal Place of Business:

9154 GREAT HERON CIRCLE  
ORLANDO, FL 32836

## Current Mailing Address:

215 CELEBRATION PLACE, #250  
CELEBRATION, FL 34747

## New Mailing Address:

9154 GREAT HERON CIRCLE  
ORLANDO, FL 32836

FEI Number: 59-3661995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCMULLEN, EDWIN H SR.  
215 CELEBRATION PL, STE 250  
KISSIMMEE, FL 34747 US

## Name and Address of New Registered Agent:

MCMULLEN, EDWIN H SR.  
9154 GREAT HERON CIRCLE  
ORLANDO, FL 32836 US

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:

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCMULLEN, EDWIN H SR.  
Address: 9154 GREAT HERON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: MCMULLEN, EDWIN H JR.  
Address: 7328 WOODGLEN COURT  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: MCMULLEN, MALCOLM  
Address: 3580 COUNTRY EAST DRIVE  
City-St-Zip: KENNESAW, GA 30152

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: MCMULLEN, EDWIN H JR.  
Address: 9154 GREAT HERON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Change ( ) Addition  
Name: MCMULLEN, MALCOLM  
Address: 9154 GREAT HERON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: EDWIN H. MCMULLEN, SR

D

02/08/2006

Electronic Signature of Signing Officer or Director

Date