

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100251

FILED
Apr 10, 2006
Secretary of State

Entity Name: CULTURAL VACATIONS, INC.

Current Principal Place of Business:

2989 WEST STATE RD. 434, STE 300
LONGWOOD, FL 32779

New Principal Place of Business:

420 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

Current Mailing Address:

2989 WEST STATE RD. 434, STE 300
LONGWOOD, FL 32779

New Mailing Address:

420 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

FEI Number: 65-1064598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDING, SHAMIRA
2989 WEST STATE RD. 434, STE 300
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

FIELDING, SHAMIRA
420 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 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:

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FIELDING, SHAMIRA
Address: 600 CALEDONIA PLACE
City-St-Zip: SANFORD, FL 33771

Title: VP () Delete
Name: FIELDING, ROGER
Address: 600 CALEDONIA PLACE
City-St-Zip: SANFORD, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FIELDING, SHAMIRA
Address: 200 SWEETWATER PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change () Addition
Name: FIELDING, ROGER
Address: 200 SWEETWATER PLACE
City-St-Zip: LONGWOOD, FL 32779

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: ROGER FIELDING

D

04/10/2006

Electronic Signature of Signing Officer or Director

Date