2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009760

Entity Name: DUNHILL VACATIONS INC.

FILED Mar 21, 2008 Secretary of State

Current Dringing Diggs of Business			NI.	New Principal Place of Business:		
•					pai Flace C	n Dusilless.
1802 NORTH UNIVERSITY DRIVE # 102-325 PLANTATION, FL 33322						
Current Mailing Address:			N	New Mailing Address:		
1802 NORTH UNIVERSITY DRIVE					9	
# 102-325 PLANTATIO	Y DRIVE					
FEI Number: 65-1072531 FEI Number Applied For () FEI Num			FEI Numbe	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						New Registered Agent:
RUDNER, EDWARD B 1802 NORTH UNIVERSITY DRIVE # 102-325						
PLANTATION, FL 33322 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:						
	Electronic	Signature of Registered Agent	İ			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RUDNER, EDWA	VERSITY DRIVE, # 102-325	Na Ad	ame: ddress:	RUDNER, ED	UNIVERSITY DRIVE, # 102-325
Title: Name: Address: City-St-Zip:	TODD, SIMON	Delete VERSITY DRIVE, # 102-325 33322	Na Ad	ame: ddress:	TODD, SIMO	UNIVERSITY DRIVE, # 102-325
Title: Name: Address: City-St-Zip:	RUDERMAN, MAI	VERSITY DRIVE, # 102-325	Na Ad	ame: ddress:	RUDERMAN,	UNIVERSITY DRIVE, # 102-325
Title: Name: Address: City-St-Zip:	D () E ONLINE VACATIO 1801 NW 66 AVE PLANTATION, FL	ON CENT, ER HOLDING COR P . NUE, SUITE 102	Na Ad	itle: ame: ddress: ity-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	()[Delete	Na Ad	ame: ddress:	HOMFELT, K	UNIVERSITY DRIVE, # 102-325
Title: Name: Address: City-St-Zip:	()[Delete	Na Ad	ame: ddress:	JOSOWITZ, I	UNIVERSITY DRIVE, # 102-325

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: MARY LOU RUDERMAN ST 03/21/2008