2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000017430

1. Entity Name VACATION TIME ENTERPRISES, INC.

Principal Place of Business

P.O.BOX 691056 ORLANDO, FL 32869-1056 Mailing Address

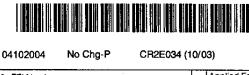
717 EAST OAK STREET KISSIMMEE, FL 34744

US

FILED Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90099 042 ***150.00

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DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3698704	Applied For Not Applicable
		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Regis	itered Agent	and the second of the second o	گيد د. خودچود . سود
SWART, HARRY J CPA 717 OAK ST KISSIMMEE, FL 34744		DO NOT WR IN THIS SPA	
 The above named entity submits this statement for the the obligations of registered agent. 	ourpose of changing its registered office or req	gistered agent, or both, in the State of Florida	. I am familiar with, and accept
Signature. Typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signature re	equired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRE	CTORS	, , , , , , , , , , , , , , , , , , , ,	·

1(DPT TITLE AKIKI, MAROUN NAME P O BOX 691056 STREET ADDRESS ORLANDO, FL 328691056 CITY-ST-ZIP TITLE **DVPS** COMACHO, CHRISTINA NAME P O BOX 691056 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328691056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGN	ATU	RE:
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BROUN RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-17-04

Daytime Phone #