
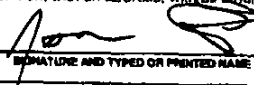


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90176 018 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|--|---|---|
| DOCUMENT # P01000021098 | |  | |
| 1. Entity Name RESORT SPA MANAGEMENT, INC. | | | |
| Principal Place of Business 400 CELEBRATION PLACE CELEBRATION, FL 34747 | | Mailing Address PO BOX 470937 CELEBRATION, FL 34747 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3715427 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMITH, JASON 400 CELEBRATION PLACE CELEBRATION, FL 34747 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | | |
| FILE NOW!! FEE IS \$160.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SMITH, JASON 400 CELEBRATION PLACE CELEBRATION, FL 34747 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S PHILLIP, LINDA 400 CELEBRATION PLACE CELEBRATION, FL 34747 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby 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 or without other like empowered. | | | |
| SIGNATURE:  | | Date: 5/1/05 407 715 43824 Daytime Phone # | |