

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90381 025 \*\*\*158.75

<b>DOCUMENT # P01000031542</b> 1. Entity Name <b>ORLANDO VACATION BUREAU, INC.</b>					
Principal Place of Business <b>2345 SAND LAKE RD, STE 100 ORLANDO, FL 32809</b>			Mailing Address <b>2345 SAND LAKE RD, STE 100 ORLANDO, FL 32809</b>		
2. Principal Place of Business <b>8680 Commodity Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>8680 Commodity Circle</b> Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b> Zip <b>32819</b>		City & State <b>Orlando, FL</b> Zip <b>32819</b>		4. FEI Number <b>59-3731517</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KORSHAK, STEPHEN D ESQUIRE 2345 SAND LAKE RD, STE 120 ORLANDO, FL 32809</b>				7. Name and Address of New Registered Agent Name <b>Stephen D. Korshak, Esq.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>8680 Commodity Circle, Suite 101</b> City <b>Orlando</b>	
Zip Code <b>FL 32819</b>		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 title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>LINDEN, DEBORAH L 2345 SAND LAKE RD, STE 100 ORLANDO, FL 32809</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Linden, Deborah L 8680 Commodity Circle Orlando, FL 32819</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.					
SIGNATURE:			4/14/05      407-859-8900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					