

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000099932 1. Entity Name TIMESHARES FOR AUCTION, INC.																																																																	
Principal Place of Business 5135 INTERNATIONAL DR SUITE 3 ORLANDO FL 32819 US			Mailing Address 7649 MT CARMEL DR ORLANDO FL 32835																																																														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																														
4. FEI Number 59-3751113			Applied For ☐ Not Applicable																																																														
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																														
6. Name and Address of Current Registered Agent LEVENE, CAROLE M 7649 MOUNT CARMEL DRIVE ORLANDO FL 32835				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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																	
DATE _____																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 1 Added to Fees																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LEVENE, CAROLE M</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7649 MT CARMEL DR ORLANDO FL 32835</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS	LEVENE, CAROLE M		STREET ADDRESS			CITY-ST-ZIP	7649 MT CARMEL DR ORLANDO FL 32835		CITY-ST-ZIP																																						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE: *Carole Levene* 12-30-06 407-345 9333