2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106231

Entity Name: VACATION REALTY, INC.

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4700 MILLENIA BLVD., SUITE 600 4700 MILLENIA BLVD. ORLANDO, FL 32839

SUITE 600

ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

4700 MILLENIA BLVD. 4700 MILLENIA BLVD., SUITE 600

ORLANDO, FL 32839 SUITE 600

ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 59-3755644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MEYERS, JARED M MEYERS, JARED M 4700 MILĹENIA BLVD. 4700 MILLENIA BLVD., SUITE 600

ORLANDO, FL 32839 SUITE 600 ORLANDO, FL 32839 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: JARED M. MEYERS 03/20/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSDC () Delete Title: (X) Change () Addition

Name: MEYERS, JARED M Name: MEYERS, JARED M

4700 MILLENIA BLVD., 6TH FLOOR 4700 MILLENIA BLVD., SUITE 600 Address: Address:

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

EVP Title: DC Title: () Delete (X) Change () Addition

Name: LEWIS, CHARLES C Name: MEYERS. NEIL S

4700 MILLENIA BLVD., 6TH FLOOR 4700 MILLENIA BLVD., 6TH FLOOR Address: Address:

ORLANDO, FL 32839 ORLANDO, FL 32839 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: **FVP** MEYERS, NEIL S LEWIS, CRAIG Name: Name:

4700 MILLENIA BLVD., SUITE 600 4700 MILLENIA BLVD., SUITE 600 Address: Address:

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

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: TIMOTHY C. MARTIN AS 03/20/2008