
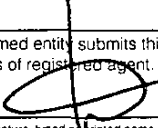
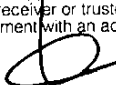


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90061 029 \*\*\*150.00

<b>DOCUMENT # P02000002913</b> 1. Entity Name <b>RESORTPROPERTIES.COM, INC.</b>					
Principal Place of Business <b>999 VANDERBILT BCH RD</b> <b>606</b> <b>NAPLES, FL 34108</b>			Mailing Address <b>999 VANDERBILT BCH RD</b> <b>606</b> <b>NAPLES, FL 34108</b>		
2. Principal Place of Business - No P.O. Box # <b>6556 Chestnut Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>6556 Chestnut Circle</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>80-0019084</b>	
Zip <b>34109</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TIMMERMAN, MICHAEL J</b> <b>999 VANDERBILT BCH RD, #606</b> <b>NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name <b>Michael J. Timmerman</b> Street Address (P.O. Box Number is Not Acceptable) <b>6556 Chestnut Circle</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34109</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  DATE <b>3-14-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <b>TIMMERMAN, MICHAEL J PCEO</b> <b>6556 CHESTNUT CIRCLE</b> <b>NAPLES, FL 34109</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>3-14-07</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					