

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044698

FILED
Mar 02, 2006
Secretary of State

Entity Name: OSCEOLA VACATION RENTALS, INC.

Current Principal Place of Business:

6210 LAKE LIZZIE DRIVE
ST. CLOUD, FL 34771

New Principal Place of Business:

516 HILLCREST DRIVE
DAVENPORT, FL 33897

Current Mailing Address:

PO BOX 700536
ST. CLOUD, FL 34770

New Mailing Address:

PO BOX 422523
KISSIMMEE, FL 34742

FEI Number: 04-3653671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHERER, ROCHELLE P
Address: 6210 LAKE LIZZIE DRIVE
City-St-Zip: ST. CLOUD, FL 34771

Title: D () Delete
Name: SCHERER, EUGENE L
Address: 6210 LAKE LIZZIE DRIVE
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOSTER, PAUL E
Address: 516 HILLCREST DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: D (X) Change () Addition
Name: FOSTER, CAROLE A
Address: 516 HILLCREST DRIVE
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL FOSTER

PD

03/02/2006

Electronic Signature of Signing Officer or Director

Date