

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051405

Entity Name: FLORINT VACATIONS, INC.

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

3477 W VINE ST
KISSIMMEE, FL 34741

New Principal Place of Business:

3469 W VINE ST
KISSIMMEE, FL 34741

Current Mailing Address:

3477 W VINE ST
KISSIMMEE, FL 34741

New Mailing Address:

3469 W VINE ST
KISSIMMEE, FL 34741

FEI Number: 48-1258044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IDEAL OPPORTUNITIES, INC.
316 N JOHN YOUNG PKWY STE 14
KISSIMMEE, FL 34741 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: DP () Delete
Name: MEYER, JOOST DE
Address: 3477 W VINE ST
City-St-Zip: KISSIMMEE, FL 34741

Title: DVT () Delete
Name: LANGANKE, IRIS
Address: 3477 W VINE ST
City-St-Zip: KISSIMMEE, FL 34741

Title: DS () Delete
Name: GROENENDIJK, PETRUS J
Address: 316 N JOHN YOUNG PKWY STE 14
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEYER, JOOST DE
Address: 3469 W VINE ST
City-St-Zip: KISSIMMEE, FL 34741

Title: DVT (X) Change () Addition
Name: LANGANKE, IRIS
Address: 3469 W VINE ST
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IRIS LANGANKE

DVT

01/18/2006

Electronic Signature of Signing Officer or Director

Date