

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078252

FILED
Mar 15, 2007
Secretary of State

Entity Name: RESORT CONNECTIONS INC.

Current Principal Place of Business:

10818 NW 18 CT
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

10818 NW 18 CT
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 37-1436376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
92 SADBERRY ROAD
QUINCY, FL 323510000 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: D () Delete
Name: BARTON, MICHAEL JAMES
Address: 4420 SW 103 CT
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BARTON, LAURA LEIGH
Address: 4420 SW 103 CT
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CARTY, CRAIG EDWARD
Address: 10818 NW 18 CT
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: CHARLES, DEBRA MARY
Address: 10818 NW 18 CT
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DEBRA M. CHARLES

D

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date