

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000129647

FILED
Dec 11, 2006
Secretary of State

Entity Name: RESORT RENOVATION SERVICES, INC.

Current Principal Place of Business:

1005 W OAKRIDGE RD SUITE 1
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120907
CLERMONT, FL 34712

New Mailing Address:

1005 W OAKRIDGE RD STE 1
ORLANDO, FL 32809

FEI Number: 56-2310122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVAREZ, LUIS R
1005 W OAKRIDGE RD SUITE 1
ORLANDO, FL 32809 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAVAREZ, LUIS R
Address: 1005 W OAKRIDGE RD SUITE 1
City-St-Zip: ORLANDO, FL 32809

Title: V (X) Delete
Name: MENDEZ, ARNALDO
Address: P.O. BOX 120907
City-St-Zip: CLERMONT, FL 34712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LUIS R. TAVAREZ

PRES

12/11/2006

Electronic Signature of Signing Officer or Director

Date