

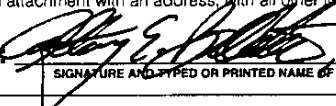


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90068 035 ***150.00

DOCUMENT # P02000132226 1. Entity Name VACATION DREAMS, INC.					
Principal Place of Business 717 EAST OAK STREET KISSIMMEE, FL 34744			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business 5298 Bayside Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando, FL Zip 32819 Country US		City & State Zip Country		4. FEI Number 41-2072901 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SWART, HARRY J CPA 717 EAST OAK STREET KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name Anthony Ballestero Street Address (P.O. Box Number is Not Acceptable) 5298 Bayside Drive City Orlando FL Zip Code 32819		
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  Anthony E. Ballestero, President 4/5/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BALLESTERO, ANTHONY 2273 GREEN MOUNTAIN CT LAS VEGAS, NV 89135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5298 Bayside Drive Orlando, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BALLESTERO, TERRI 2273 GREEN MOUNTAIN CT LAS VEGAS, NV 89135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5298 Bayside Drive Orlando, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE  Anthony E. Ballestero, President 4/5/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					