2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2006 08:00 AM DOCUMENT # P03000007442 **Secretary of State** FUN IN THE SUN VACATION HOMES, INC. Principal Place of Business Mailino Address 855 HORNS CORNERS RD. 410 ROCHESTER LOOP DAVENPORT FL 33897 CEDARBURG WI 53012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 41-2090581 Not Applicat Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOSE, GRETCHEN R 2705 W. FAIRBANKS AVE. Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 Zip Code 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 access the obligations of registered agent. Signature, type-d or printed mans of registered agont and title if applicable DATE (NOTE: Registered Agant signature required when revisibling) FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tū. 11. 7177.E Delete DILE Change □ 66."" MILLER, VICKI L NAME MAME U00000471886 03/29/06-80014-011 150.00 855 HORNS CORNERS RD. STREET ADDRESS STREET ADDRESS C35Y-S1-2IP CEDARBURG WI 53012 CITY-SI-ZIP TITLE ☐ Delete THE Change ☐ Add" STREET ADDRESS STREET ADDRESS CITY-SI-ZIP City-ST-ZiP Artiii ☐ Delete Change aneDit NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP □ Detete ☐ Change Action. NAME NAME STREET ADORESS STRELT ADDRESS CITY-SI-ZIP City-ST-ZIP Additional TITLE ☐ Delete mue Channe NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete Ti7LE ☐ Change Addin NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 cath, 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: Vile L. Mille

3/10/06

262-375-4096

FILED