

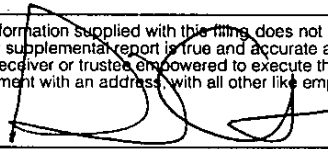


2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|-------------------------------|--|--|------------------------------------|-------------------------------|
| DOCUMENT # P03000061713 1. Entity Name OVERLOOK RESORTS CORPORATION | |  | FILED 06 MAY 11 PM 3:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business 3015 N. OCEAN BLVD., STE. 121 FT. LAUDERDALE, FL 33308 | | Mailing Address 3015 N. OCEAN BLVD., STE. 121 FT. LAUDERDALE, FL 33308 | | | |
| DO NOT WRITE IN THIS SPACE | |  04272006 No Chg-P CR2E034 (11/05) | | | |
| | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 72-1566649</td><td style="width: 20%;">Applied For Not Applicable</td></tr></table> | | 4. FEI Number 72-1566649 | Applied For Not Applicable |
| | | 4. FEI Number 72-1566649 | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FT. LAUDERDALE, FL 33309 | | DO NOT WRITE IN THIS SPACE | | | |
| 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 _____ <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, 2006 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 | | <div style="font-size: 1.2em; margin-bottom: 10px;">400076202284</div> <div style="font-size: 0.8em; margin-bottom: 10px;">06/14/06--01036--004 **5495.00</div> DO NOT WRITE IN THIS SPACE | | | |
| <small>TITLE</small> | DPS | | | | |
| <small>NAME</small> | FOSTER, REBECCA A | | | | |
| <small>STREET ADDRESS</small> | 3015 N. OCEAN BLVD., STE. 121 | | | | |
| <small>CITY-ST-ZIP</small> | FT. LAUDERDALE, FL 33308 | | | | |
| <small>TITLE</small> | DVT | | | | |
| <small>NAME</small> | LANDAU, MARC J | | | | |
| <small>STREET ADDRESS</small> | 3015 N. OCEAN BLVD., STE. 121 | | | | |
| <small>CITY-ST-ZIP</small> | FT. LAUDERDALE, FL 33308 | | | | |
| <small>TITLE</small> | V | | | | |
| <small>NAME</small> | OTTINO, J. P. III | | | | |
| <small>STREET ADDRESS</small> | 3015 N OCEAN BLVD STE 121 | | | | |
| <small>CITY-ST-ZIP</small> | FORT LAUDERDALE, FL 33308 | | | | |
| <small>TITLE</small> | | | | | |
| <small>NAME</small> | | | | | |
| <small>STREET ADDRESS</small> | | | | | |
| <small>CITY-ST-ZIP</small> | | | | | |
| <small>TITLE</small> | | | | | |
| <small>NAME</small> | | | | | |
| <small>STREET ADDRESS</small> | | | | | |
| <small>CITY-ST-ZIP</small> | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | Rebecca A Foster 4/27/06 954.563.2444 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # | | |