2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P03000081307

Entity Name: CULTURAL VACATIONS & SAFARIS, INC.

Current Principal Place of Business:

2989 W SR 434 STE 300
LONGWOOD, FL 32779

New Principal Place of Business:

420 CROWN OAK CENTRE
LONGWOOD, FL 32750

Current Mailing Address:

2989 W SR 434 STE 300
LONGWOOD, FL 32779

New Mailing Address:

420 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

FEI Number: 13-4259015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGER, FIELDING W
2989 WEST STATE ROAD 434
SUITE 300
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ROGER, FIELDING W
420 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 US

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: 04/10/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FIELDING, SHAMIRA
Address: 2989 W SR 434 STE 300
City-St-Zip: LONGWOOD, FL 32779

Title: V ( ) Delete
Name: FIELDING, ROGER
Address: 2989 W SR 434 STE 300
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FIELDING, SHAMIRA
Address: 420 CROWN OAK CENTRE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: V (X) Change ( ) Addition
Name: FIELDING, ROGER
Address: 420 CROWN OAK CENTRE DRIVE
City-St-Zip: LONGWOOD, FL 32750

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: ROGER FIELDING D 04/10/2006
Electronic Signature of Signing Officer or Director — Date