

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


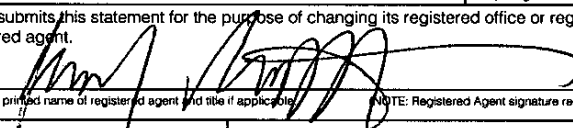
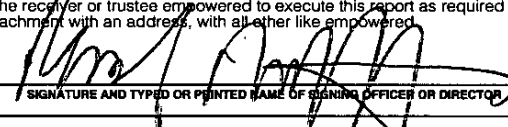
**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90034 010 \*\*\*150.00

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01042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000118813</b>					
1. Entity Name CITYOASIS VACATION HOMES, INC.					
Principal Place of Business 717 PENN STREET WEST PALM BEACH, FL 33401			Mailing Address 717 PENN STREET WEST PALM BEACH, FL 33401		
2. Principal Place of Business 1106 FLORIDA AVE.		3. Mailing Address 1106 FLORIDA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEST PALM BEACH FL.		City & State WEST PALM BEACH, FL.		4. FEI Number 42-1614033	
Zip 33401		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PRESCOTT, RICHARD C 717 PENN STREET WEST PALM BEACH, FL 33401-USA			7. Name and Address of New Registered Agent  Name: RICHARD C. PRESCOTT Street Address (P.O. Box Number is Not Acceptable): 1106 FLORIDA AVE. City: WEST PALM BEACH FL Zip Code: 33401		
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:  DATE: 1-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P PRESCOTT, RICHARD C 717 PENN STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESCOTT RICHARD C 1106 FLORIDA AVE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTIFER, RICHARD S 717 PENN STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTIFER RICHARD S 1106 FLORIDA AVE WEST PALM BEACH, FL 33401	<input checked="" 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
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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: 			1-10-05 (561)596-5683		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		