## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000060190

Entity Name: A1 VACATION VILLAS INC.

DAVELPORT, FL 33837

City-St-Zip:

FILED Apr 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 242 LOMA BONITA DRIVE DAVENPORT, FL 33837 **Current Mailing Address: New Mailing Address:** 242 LOMA BONITA DRIVE DAVENPORT, FL 33837 FEI Number: 20-0974273 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LYNN, SUSAN M LYNN, SUSAN M 4175 US 1 9145 NARCOOSSEE ROAD 102 203 ROCKLEDGE, FL 32955 US ORLANDO, FL 32827 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: 04/19/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KELSHAW, COLIN S Name: Name: 242 LOMA BONITA DRIVE Address: Address: City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: KELSHAW, CATHERINE M Name: 242 LOMA BONITA DRIVE Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: COLIN S. KELSHAW P 04/19/2009