

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080272

FILED
Feb 10, 2006
Secretary of State

Entity Name: PERMANENT VACATION POOLS, INC.

Current Principal Place of Business:

7865 W TWIN CANAL LANE
HOMOSASSA, FL 34448

New Principal Place of Business:

7675 WEST TWIN CANAL LANE
HOMOSASSA, FL 34448

Current Mailing Address:

P.O. BOX 579
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

7675 WEST TWIN CANAL LANE
HOMOSASSA, FL 34448

FEI Number: 42-1627611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, RICHARD C
7865 W TWIN CANAL LANE
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

OTLEWSKI, KAROLYN M
7675 WEST TWIN CANAL LANE
HOMOSASSA, FL 34448 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: KAROLYN M OTLEWSKI

02/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OTLEWSKI, KAROLYN
Address: 7675 W TWIN CANAL LANE
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: MORRIS, RICHARD C
Address: 7865 W TWIN CANAL LANE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CO-D (X) Change () Addition
Name: OTLEWSKI, EDEN R
Address: 7675 W TWIN CANAL LANE
City-St-Zip: HOMOSASSA, FL 34448

Title: D (X) Change () Addition
Name: OTLEWSKI, KAROLYN M
Address: 7675W TWIN CANAL LANE
City-St-Zip: HOMOSASSA, FL 34448

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: KAROLYN M OTLEWSKI

D

02/10/2006

Electronic Signature of Signing Officer or Director

Date