2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# P04000086942

Entity Name: RESORTS NATIONWIDE, INC.

Current Principal Place of Business:

140 CROWNE OAK CENTRE
LONGWOOD, FL 32750

New Principal Place of Business:

140 W. FIFTH AVE SUITE B
MOUNT DORA, FL 32757

Current Mailing Address:

140 CROWNE OAK CENTRE
LONGWOOD, FL 32750

New Mailing Address:

140 W. FIFTH AVE SUITE B
MOUNT DORA, FL 32757

FEI Number: 20-1198929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOVILLO, JAMES
304 S HILL CREST ST.
ALTAMONTE SPRINGS, FL 32750 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: NOVILLO, JAMES
Address: 304 S. HILLCREST ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
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: JAMES NOVILLO PSTD 04/09/2009

Electronic Signature of Signing Officer or Director — Date