2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P04000088625

Entity Name: DCT LEISURE CORPORATION OF FLORIDA, INC.

Current Principal Place of Business:

811 OAK SHADOWS ROAD
CELEBRATION, FL 34747 US

New Principal Place of Business:

8308 RIVERDALE LANE
CHAMPIONSGATE, FL 33896 US

Current Mailing Address:

811 OAK SHADOWS ROAD
CELEBRATION, FL 34747 US

New Mailing Address:

8308 RIVERDALE LANE
CHAMPIONSGATE, FL 33896 US

FEI Number: 72-1587692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, PETER
811 OAK SHADOWS ROAD
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

TAYLOR, PETER
8308 RIVERDALE LANE
CHAMPIONSGATE, FL 33896 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: ALYSON TAYLOR 03/10/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: TAYLOR, PETER
Address: 811 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747 US

Title: MRS ( ) Delete
Name: TAYLOR, ALYSON D
Address: 811 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: TAYLOR, PETER
Address: 8308 RIVERDALE LANE
City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: MRS (X) Change ( ) Addition
Name: TAYLOR, ALYSON D
Address: 8308 RIVERDALE LANE
City-St-Zip: CHAMPIONSGATE, FL 33896 US

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: ALYSON TAYLOR MRS 03/10/2009
Electronic Signature of Signing Officer or Director Date