2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131733

4590 S.W. 108 AVENUE

FT. LAUDERDALE, FL 33328

Address: City-St-Zip:

Entity Name: RESORT CONSTRUCTION MANAGEMENT, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9499 NE 2ND AVENUE				9499 NE 2ND AVENUE		
SUITE 250 MIAMI SHORES, FL 33138				SUITE 205 MIAMI SHORES, FL 33138		
,				,		
Current Mailing Address:				New Mailing Address:		
9499 NE 2ND AVENUE				9499 NE 2ND AVENUE		
SUITE 250 MIAMI SHORES, FL 33138				SUITE 205 MIAMI SHORES, FL 33138		
	•			•		
FEI Number	: 42-1645498	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1 S.E. 3RE SUITE 305	, STEPHEN H D AVENUE 50 33131 US					
	e named entity e of Florida.	submits this statement for the	purpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent				 Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	* ') Delete		Title:	() Change () Addition	
Name:	CRESPIN, VICI			Name:		
Address:	4460 PINE TRE			Address:		
City-St-Zip:	MIAMI BEACH,	FL 33140		City-St-Zip:		
Title:	D () Delete		Title:	() Change () Addition	
Name:	CRESPIN, KAT	HERINE		Name:		
Address:	4460 PINE TRE	EE DRIVE		Address:		
City-St-Zip:	MIAMI, FL 331	40		City-St-Zip:		
Title:	D () Delete		Title:	() Change () Addition	
Name:	DYKES, FRANI	KLYN		Name:		

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.

Address:

City-St-Zip:

SIGNATURE: KATHERINE CRESPIN D 01/05/2006