## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000131733

City-St-Zip:

FT. LAUDERDALE, FL 33328

FILED Jan 08, 2008 Secretary of State

Entity Name: RESORT CONSTRUCTION MANAGEMENT, INC.						
Current Principal Place of Business:			New Pri	New Principal Place of Business:		
9499 NE 2ND AVENUE SUITE 205 MIAMI SHORES, FL 33138						
Current Mailing Address:			New Mai	New Mailing Address:		
9499 NE 2ND AVENUE SUITE 205 MIAMI SHORES, FL 33138						
FEI Number:	42-1645498	FEI Number Applied For ( )	FEI Number Not Ap	oplicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name ar	Name and Address of New Registered Agent:		
CRESPIN, KATHERINE 9499 NE 2ND AVENUE SUITE #205 MIAMI SHORES, FL 33131 US			9499 NE SUITE #2	CRESPIN, KATHERINE VP 9499 NE 2ND AVENUE SUITE #205 MIAMI SHORES, FL 33131 US		
	named entity of Florida.	submits this statement for the p	urpose of changing	g its registered o	office or registered agent, or both,	
SIGNATURE: KATHERINE CRESPIN				01/08/2008		
Electronic Signature of Registered Agent			nt	Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES ( CRESPIN, VICI 4460 PINE TRE MIAMI BEACH,	EE DRIVE	Title: Name: Address: City-St-Zip	` '	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( CRESPIN, KAT 4460 PINE TRE MIAMI, FL 331	EE DRIVE	Title: Name: Address: City-St-Zip	``	) Change ()Addition	
Title: Name: Address:	DIR ( DYKES, FRANI 4590 S.W. 108		Title: Name: Address:	( )	) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: KATHERINE CRESPIN VΡ 01/08/2008