2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166258

Address:

City-St-Zip:

1321-1323 EAST VINE ST.

KISSIMMEE, FL 34744

F-4:4 - No--- - VACATION ON NEDOLUD COLUTIONS INC

FILED May 04, 2005 Secretary of State

Entity Name. VACATION OWNERSHIP SOLUTIONS INC.	
Current Principal Place of Business:	New Principal Place of Business:
1321-1323 EAST VINE ST. KISSIMMEE, FL 34744	7751 KINGSPOINTE PKWY SUITE 107 ORLANDO, FL 32819
Current Mailing Address:	New Mailing Address:
1321-1323 EAST VINE ST. KISSIMMEE, FL 34744	7751 KINGSPOINTE PKWY SUITE 107 ORLANDO, FL 32819
FEI Number: 20-1990595 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
OLIVER, RYAN 7751 KINGSPOINTE PKWY., STE. 107 ORLANDO, FL 32819 US	
The above named entity submits this statement for the purp in the State of Florida.	pose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

7751 KINGSPOINTE PKWY

ORLANDO, FL 32819

Title: () Delete Title: (X) Change () Addition OLIVER, RYAN OLIVER, RYAN Name: Name: 1321-1323 EAST VINE ST. Address: 7751 KINGSPOINTE PKWY Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: (X) Change () Addition Name: TORAK, KEN Name: TORAK, KEN Address: 1321-1323 EAST VINE ST. Address: 7751 KINGSPOINTE PKWY KISSIMMEE, FL 34744 ORLANDO, FL 32819 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: NELSON, ROBERT Name: NELSON, ROBERT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RYAN OLIVER **CFO** 05/04/2005