

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166258

FILED
May 01, 2009
Secretary of State

Entity Name: VACATION OWNERSHIP SOLUTIONS INC.

Current Principal Place of Business:

6236 KINGS POINTE PKWY, STE 1B
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6236 KINGS POINTE PKWY, STE 1B
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-1990595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, RYAN
7751 KINGSPONTE PKWY., STE. 107
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

OLIVER, RYAN
6236 KINGSPONTE PKWY., STE. 1B
ORLANDO, FL 32819 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: RYAN OLIVER

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OLIVER, RYAN
Address: 7751 KINGSPONTE PKWY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OLIVER, RYAN
Address: 6236 KINGSPONTE PKWY, STE 1B
City-St-Zip: ORLANDO, FL 32819

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: RYAN OLIVER

CEO

05/01/2009

Electronic Signature of Signing Officer or Director

Date