FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90001 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000005968

1. Entity Name
EXCLUSIVE FLORIDA VILLAS, INC.

400J3061

01172006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
20 N ORANGE AVE STE 600 ORLANDO, FL 32801	20 N ORANGE AVE STE 407 ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
	20 N ORANGE AVE.
Suite, Apt #, etc	Suite, Apt #, etc: Suite 600
City & State	City & State: Orlando, FL
Zip / Country	Zip: 32801 / Country

4. FEI Number: 20-2159298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDRY, STONER, DELANCETT & BROWN, P A 20 N ORANGE AVE STE 600 ORLANDO, FL 32801	Name: Hendry, Stoner, Calandrino & Brown, P.A Street Address (P O Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Hendry, Stoner, Calandrino & Brown, P.A.
SIGNATURE ✓By: [signature] 3/9/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: CULLINGFORD, STEWART STREET ADDRESS: ROLLS MEAD, WYKE CITY-ST-ZIP: GILLINGHAM, DORSET, SP8 4NG	☑ Delete	TITLE: D NAME: CULLINGFORD STEWART STREET ADDRESS: 7908 SEA PEARL CIRCLE CITY-ST-ZIP: KISSIMMEE, FLORIDA 34747	☑ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ [signature] 407-433-0806.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #