## 2008 FOR PROFIT CORPORÁTION ANNUAL REPORT

SIGNATURE:

## Feb 14, 2008 08:00 AM Secretary of State DOCUMENT # P05000021809 IT'S VACATION TIME, INC. Principal Place of Business Mailing Address 501 NW CORNELL AVE **501 NW CORNELL AVE** PT ST LUCIE, FL 34983 PT ST LUCIE, FL 34983 The street was the second of the second No Chg-P CR2E034 (11/05) 02112008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2341566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEHRES, REBECCA DO NOT WRITE **501 NW CORNELL AVE** PT ST LUCIE, FL 34983 IN THIS SPACE 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. has, owner 9. Election Campaign Financing \$5.00 May Be U00000827537 02/21/08-80095-011 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE KEHRES, REBECCA NAME STREET ADDRESS 501 NW CORNELL AVE PT ST LUCIE, FL 34983 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Heblica J. Flebis 2-11-08 772-595-1550

SIGNARURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #