FILED May 05, 2006 8:00 am Secretary of State

ANNUAL REPORT	T

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1. Entity Nam	MENT # P050 AGANT VACATION		5				05-05-2006 S • •	00178 010 ***15	50.00
Principal Place	e of Business	M	ailing Address			7			
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Zip	Country		Zip	Countr	ry	5 Certificate o	f Status Desired	□ \$8.75 A	dditiona\
						J. Certificate o	i Status Desired	Fee Requir	red
	6. Name and Address	s of Current Reals	tered Accent			7 Name and 4	ddress of New R	anistered Anent	
	or realist and madical	o or ourront stegre	to ou rigont		Name	77 Italiio ana P	1001000 011101111	oBiarorea Want	
				i	Name				
SWART, H	IARRY J CPA			-					
717 EAST	OAK STREET			i	Street Address	(P.O. Box Number	is Not Acceptable)	
KISSIMME	E, FL 34744			Ļ					
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	•				City			FL Zip Co	de
8. The above	named entity submits this	statement for the p	ourpose of changing its	registere	d office or registe	ered agent, or both	, in the State of Flo	rida. I am familiar witl	h, and accept
 the obligat 	ions of registered agent.								•
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SIGNATURE_									
t SIGNATURE	Signature, typed or printed name of	registered agent and title	if applicable. (NOTI	E: Registered	Agent signature require	ed when reinstating)		DATE	
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