2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076842

FILED Mar 09, 2006 Secretary of State

Entity Name: VACATIONS PLUS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3816 MURRELLROAD ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 3816 MURRELLROAD ROCKLEDGE, FL 32955 FEI Number: 86-1161880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TURNER, KIMBERLY 3816 MURRELL ROAD US ROCKLEDGE, FL 32955 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

 Title:
 PRES () Delete

 Name:
 TIRNER, KIMBERLY

 Address:
 3816 MURRELL ROAD

 City-St-Zip:
 ROCKLEDGE, FL 32955

Title: () Delete

Name: Address: City-St-Zip: Title: VP () Change (X) Addition
Name: TURNER, DARYL
Address: 3816 MURRELL ROAD

TURNER, KIMBERLY

3816 MURRELL ROAD

ROCKLEDGE, FL 32955

ROCKLEDGE, FL 32955

(X) Change () Addition

PRFS

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY TURNER PRES 03/09/2006