

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076842

Entity Name: VACATIONS PLUS, INC.

FILED
May 23, 2007
Secretary of State

Current Principal Place of Business:

3816 MURRELLROAD
ROCKLEDGE, FL 32955

New Principal Place of Business:

4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955

Current Mailing Address:

3816 MURRELLROAD
ROCKLEDGE, FL 32955

New Mailing Address:

4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955

FEI Number: 86-1161880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, KIMBERLY
3816 MURRELL ROAD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

TURNER, KIMBERLY
4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955 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: KIMBERLY TURNER

05/23/2007

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: PRES () Delete
Name: TURNER, KIMBERLY
Address: 3816 MURRELL ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: TURNER, DARYL
Address: 3816 MURRELL ROAD
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TURNER, KIMBERLY
Address: 4108 SAN BELUGA WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: TURNER, DARYL
Address: 4108 SAN BELUGA WAY
City-St-Zip: ROCKLEDGE, FL 32955

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: KIMBERLY TURNER

PRES

05/23/2007

Electronic Signature of Signing Officer or Director

Date