

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000132102

FILED
Oct 09, 2006
Secretary of State**Entity Name:** RESORT ADVERTISING AND MARKETING CORP**Current Principal Place of Business:**101 N RIVERSIDE DR
#116
POMPANO BEACH, FL 33062 US**Current Mailing Address:**101 N RIVERSIDE DR
#116
POMPANO BEACH, FL 33062 US**FEI Number:** 16-1735299**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALMSTEAD, PHAEDRA
101 N RIVERSIDE DR
#116
POMPANO BEACH, FL 33062 US**New Principal Place of Business:**4699 N FEDERAL HWY
206 F
LIGHTHOUSE POINT, FL 33064 US**New Mailing Address:**4699 N FEDERAL HWY
206F
LIGHTHOUSE POINT, FL 33064 US**Name and Address of New Registered Agent:**ALMSTEAD, PHAEDRA
4699 N FEDERAL HWY
206F
LIGHTHOUSE POINT, FL 33064 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: PHAEDRA ALMSTEAD

10/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALMSTEAD, PHAEDRA
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP () Delete
Name: MANCINI, GERARDO
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: CEO (X) Delete
Name: MARCELIN, ARTURO
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: CFO (X) Delete
Name: ARROYO, ORLANDO
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VPF (X) Delete
Name: WATSON, JOHN V
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ALMSTEAD, PHAEDRA
Address: 4699 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: VP (X) Change () Addition
Name: ALMSTEAD, REGINA
Address: 4699 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHAEDRA ALMSTEAD

PRES

10/09/2006

Electronic Signature of Signing Officer or Director

Date