2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# P05000133423

Entity Name: ONE DREAM ORLANDO VACATION HOMES INC.

Current Principal Place of Business:

P.O.BOX 135186
CLERMONT, FL 34713 US

New Principal Place of Business:

15180 NW 7 ST
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

P.O.BOX 135186
CLERMONT, FL 34713 US

New Mailing Address:

15180 NW 7 ST
PEMBROKE PINES, FL 33028 US

FEI Number: 20-3560611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASILIMAS, RICARDO E
15180 NW 7 STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: CASILIMAS, RICARDO E
Address: P.O.BOX 135186
City-St-Zip: CLERMONT, FL 34713 US

Title: VP ( ) Delete
Name: NUNEZ, LEOPOLDO
Address: P.O.BOX 135186
City-St-Zip: CLERMONT, FL 34713 US

Title: ADM ( ) Delete
Name: NUNEZ, GLORIA
Address: P.O.BOX 135186
City-St-Zip: CLERMONT, FL 34713 US

Title: SEC ( ) Delete
Name: CASILIMAS, MAURA
Address: P.O.BOX 135186
City-St-Zip: CLERMONT, FL 34713 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CASILIMAS, RICARDO E
Address: 15180 NW 7 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP (X) Change ( ) Addition
Name: NUNEZ, LEOPOLDO
Address: 15180 NW 7 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: ADM (X) Change ( ) Addition
Name: NUNEZ, GLORIA
Address: 15180 NW 7 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: SEC (X) Change ( ) Addition
Name: CASILIMAS, MAURA
Address: 15180 NW 7 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: RICARDO CASILIMAS P 04/16/2006

Electronic Signature of Signing Officer or Director Date