

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001731

FILED
Jul 09, 2007
Secretary of State

Entity Name: PREFERRED VACATION RESORTS, INCORPORATED

Current Principal Place of Business:

104 EAST FOWLER AVE. SUITE 150
TAMPA, FL 33612 US

New Principal Place of Business:

16105 GARDENDALE DRIVE
TAMPA, FL 33624 US

Current Mailing Address:

104 EAST FOWLER AVE. SUITE 150
TAMPA, FL 33612 US

New Mailing Address:

16105 GARDENDALE DRIVE
TAMPA, FL 33624 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZATALOKIN, CHARLES K
5020 PENNSBURY DRIVE
TAMPA, FL 336246802 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

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: P () Delete
Name: ZATALOKIN, CHARLES K
Address: 5020 PENNSBURY DRIVE
City-St-Zip: TAMPA, FL 336246802 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHARLES ZATALOKIN

OWNE

07/09/2007

Electronic Signature of Signing Officer or Director

_____ Date