2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P06000017888

Entity Name: PRIME USA VACATIONS, PA

Current Principal Place of Business:

255 KNIGHTSBRIDGE CIR.
DAVENPORT, FL 33896

New Principal Place of Business:

8297 CHAMPIONS GATE BLVD.
#336
CHAMPIOS GATE, FL 33896

Current Mailing Address:

255 KNIGHTSBRIDGE CIR.
DAVENPORT, FL 33896

New Mailing Address:

8297 CHAMPIONS GATE BLVD.
#336
CHAMPIOS GATE, FL 33896

FEI Number: 20-4586591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORTA, HAROLT E
255 KNIGHTSBRIDGE CIR.
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

DORTA, HAROLT E
8297 CHAMPIONS GATE BLVD.
#336
CHAMPIONS GATE, FL 33896 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: 01/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DORTA, HAROLT E
Address: 255 KNIGHTSBRIDGE CIR.
City-St-Zip: DAVENPORT, FL 33896

Title: VST ( ) Delete
Name: MILANES, MARIA G
Address: 255 KNIGHTSBRIDGE CIR.
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DORTA, HAROLT E
Address: 8297 CHAMPIONS GATE BLVD. #336
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: VST (X) Change ( ) Addition
Name: MILANES, MARIA G
Address: 8297 CHAMPIONS GATE BLVD. #336
City-St-Zip: CHAMPIONS GATE, FL 33896

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: HAROLT DORTA P 01/21/2009
Electronic Signature of Signing Officer or Director — Date