

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90061 037 ***150.00

DOCUMENT # P06000042035 1. Entity Name WYNDHAM/RIVER TRACE, INC.			
Principal Place of Business WYNDHAM/RIVER TRACE, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		Mailing Address WYNDHAM/RIVER TRACE, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
WYNDHAM/RIVER TRACE, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		WYNDHAM/RIVER TRACE, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	
USA		USA	
4. FEI Number 20-4556663		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINIERI, CARL A 29656 US HIGHWAY 19 NORTH SUITE 100 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent WYNDHAM/RIVER TRACE, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MINIERI, CARL A 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Carl Minieri</i>		V. Paes	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/26/07</i> Daytime Phone #	