

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051704

FILED
Mar 02, 2007
Secretary of State

Entity Name: SEA LAND VACATIONS CORP.

Current Principal Place of Business:

11510 SW 147 AVE
SUITE 4
MIAMI, FL 33196

New Principal Place of Business:

1200 OLD ALPHARETTA ROAD
105
ALPHARETTA, GA 30005

Current Mailing Address:

11510 SW 147 AVE
SUITE 4
MIAMI, FL 33196

New Mailing Address:

1200 OLD ALPHARETTA ROAD
105
ALPHARETTA, GA 30005

FEI Number: 20-4688151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLA, ALFREDO
11510 SW 147 AVE
SUITE 14
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

CASTILLA, ALFREDO
1200 OLD ALPHARETTA ROAD
105
ALPHARETTA, GA, FL 30005 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:

03/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTILLA, ALFREDO
Address: 11510 SW 147 AVE, SUITE 14
City-St-Zip: MIAMI, FL 33196

Title: VPD () Delete
Name: BURROWS, LUIS
Address: 11510 SW 147 AVE, SUITE 14
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTILLA, ALFREDO
Address: 1200 OLD ALPHARETTA ROAD
City-St-Zip: ALPHARETTA, GA 30005

Title: VPD (X) Change () Addition
Name: BURROWS, LUIS
Address: 1200 OLD ALPHARETTA ROAD
City-St-Zip: ALPHARETTA, GA 30005

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: ALFREDO CASTILLA

PD

03/02/2007

Electronic Signature of Signing Officer or Director

Date