## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000109109

Name:

Address:

City-St-Zip:

BENNOUNA, NEZHA

ORLANDO, FL 32837

11455 S. ORANGE BLOSSOM TRAIL

Entity Name: VACATION MARKETING INTERNATIONAL, INC

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11455 S. ORANGE BLOSSOM TRAIL SUITE 13 ORLANDO, FL 32837				11455 S. ORANGE BLOSSOM TRAIL SUITE 15 ORLANDO, FL 32837		
Current Mailing Address:				New Mailing Address:		
11455 S. ORANGE BLOSSOM TRAIL SUITE 13 ORLANDO, FL 34744				11455 S. ORANGE BLOSSOM TRAIL SUITE 15 ORLANDO, FL 34744		
FEI Number:	42-1719229	FEI Number Applied For ( )	FEI Number	r Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ALAMI, YOUSSEF 11455 S. ORANGE BLOSSOM TRAIL SUITE 13 ORLANDO, FL 32837 US				ALAMI, YOUSSEF 11455 S. ORANGE BLOSSOM TRAIL SUITE 15 ORLANDO, FL 32837 US		
	named enti e of Florida.	ty submits this statement for the	purpose of ch	nanging its registered	office or registered agent, or both,	
SIGNATURE:				09/04/2007		
		ronic Signature of Registered Ag			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD ALAMI, YOU 11455 S. OI ORLANDO,	RANGE BLOSSOM TRAIL	Add	e: ( me: dress: y-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPSD LAAMRI, RIG 11455 S. OI ORLANDO,	RANGE BLOSSOM TRAIL	Add	e: ( me: dress: y-St-Zip:	) Change ( ) Addition	
Title <sup>.</sup>	D	(X) Delete	Title	e· (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: YOUSSEF ALAMI PTD 09/04/2007