2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115434

City-St-Zip:

Entity Name: AL'S REGGAE VACATIONS INC.

PEMBROKE PINES, FL 33029

FILED Apr 04, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|---|----------------------------------|------------------------------------|--|--|
| 20566 SW 2 STREET PEMBROKE PINES, FL | 33029 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 20566 SW 2 STREET PEMBROKE PINES, FL | 33029 | | | |
| FEI Number: 20-5518268 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| MCKIE, ALFRED 20566 SW 2 STREET PEMBROKE PINES, FL | 33029 US | | | |
| The above named entity in the State of Florida. | submits this statement for the բ | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electro | nic Signature of Registered Age | ent | Date | |
| Election Campaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: P (Name: MCKIE, ALFRE | | Title: (Name: |) Change () Addition | |

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: ALFRED MCKIE P 04/04/2009