2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# P06000137160

Entity Name: SUNKISS VACATIONS, INC.

Current Principal Place of Business:

11125 PARK BOULEVARD
SUITE 104-116
SEMINOLE, FL 33772

New Principal Place of Business:

200 150TH AVENUE
SUITE B
MADEIRA BEACH, FL 337082079 US

Current Mailing Address:

11125 PARK BOULEVARD
SUITE 104-116
SEMINOLE, FL 33772

New Mailing Address:

11125 PARK BOULEVARD
SUITE 104-116
SEMINOLE, FL 337724757 US

FEI Number: 20-5797467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAGON, DEBBIE
732 SUNSET COVE - BOX 8474
MADEIRA BEACH, FL 337388474 US

Name and Address of New Registered Agent:

VOZZA, KAREN
11125 PARK BOULEVARD
SUITE 104-116
SEMINOLE, FL 337724757 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: KAREN VOZZA 01/06/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VOZZA, KAREN L
Address: 11125 PARK BOULEVARD - SUITE 104-116
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete
Name: MCNISH, STACY J
Address: 11125 PARK BOULEVARD - SUITE 104-116
City-St-Zip: SEMINOLE, FL 33772

Title: S,T ( ) Delete
Name: VOZZA, JAMES R
Address: 11125 PARK BOULEVARD - SUITE 104-116
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VOZZA, KAREN L
Address: 11125 PARK BOULEVARD - SUITE 104-116
City-St-Zip: SEMINOLE, FL 337724757 US

Title: VP (X) Change ( ) Addition
Name: MCNISH, STACY J
Address: 11125 PARK BOULEVARD - SUITE 104-116
City-St-Zip: SEMINOLE, FL 337724757 US

Title: S,T (X) Change ( ) Addition
Name: VOZZA, JAMES R
Address: 11125 PARK BOULEVARD - SUITE 104-116
City-St-Zip: SEMINOLE, FL 337724757 US

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: KAREN VOZZA PRES 01/06/2007
Electronic Signature of Signing Officer or Director Date