2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000083500 04-01-2008 90005 028 ***150.00 1. Entity Name TIME SHARES & MEMBERSHIP LISTING, INC 40056117 Principal Place of Business Mailing Address 1564 SE PINWHEEL DRIVE 1564 SE PINWHEEL DRIVE CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL. 34429 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. BOX 866 Suite, Apt. #, etc. Suite, Apt. #, etc. 03292008 CR2E034 (12/06) City & State City & State Applied For 4. FEL Number 26-0627436 CRYSTAL RIVER, ΓL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34423 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VONDERHAAR, TERRY J Street Address (P.O. Box Number is Not Acceptable) 1564 SE PINWHEEL DRIVE CRYSTAL RIVER, FL 34429 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLÉ! Delete TITLE Change Addition NAME + VONDERHAAR, TERRY J NAME STREET ADDRESS 1564 SE PINWHEEL DRIVE STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34429 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP match supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information splemental 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 fiver 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 12. Thereby certify that the informa indicated on this report or such of the corporation or the changed, or on an attack Vonderhaar う ₫. SIGNATURE: NE OF SIGNING OFFICER OR DIRECTOR Daytime Phone

Apr 01, 2008 8:00 am Secretary of State