2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P07000101006

Entity Name: VACATION GUEST STATISTICS, INC.

Current Principal Place of Business:

313 FAIRWOOD DR.
NICEVILLE, FL 32578

New Principal Place of Business:

1735 E. CERVANTES STREET
PENSACOLA, FL 32501

Current Mailing Address:

313 FAIRWOOD DR.
NICEVILLE, FL 32578

New Mailing Address:

1735 E. CERVANTES STREET
PENSACOLA, FL 32501

FEI Number: 26-1274134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLETTI, LACEY M.
313 FAIRWOOD DR.
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

ABERCROMBIE, KIMBERLY C VPD
1735 E. CERVANTES STREET
PENSACOLA, FL 32501 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: KIMBERLY C. ABERCROMBIE 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COLLETTI, LACEY M.
Address: 313 FAIRWOOD DR.
City-St-Zip: NICEVILLE, FL 32578

Title: STD ( ) Delete
Name: ABERCROMBIE, KIMBERLY C.
Address: 1735 E. CERVANTES ST.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COLLETTI, LACEY M
Address: 5446 SW 100TH LOOP
City-St-Zip: OCALA, FL 34476

Title: VPD (X) Change ( ) Addition
Name: ABERCROMBIE, KIMBERLY C
Address: 1735 E. CERVANTES ST.
City-St-Zip: PENSACOLA, FL 32501

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: KIMBERLY C. ABERCROMBIE VPD 05/01/2009
Electronic Signature of Signing Officer or Director Date