

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004030

FILED
Feb 10, 2009
Secretary of State

Entity Name: TIMESHARE SOLUTIONS REALTY INC

Current Principal Place of Business:

1300 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

1186 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

Current Mailing Address:

1300 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

New Mailing Address:

1186 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

FEI Number: 26-1751189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUPOLI, BILL
1300 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

LUPOLI, BILL
127 OCEAN AIRE TERRACE N.
ORMOND BEACH, FL 32176 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: _____

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: LUPOLI, BILL
Address: 1300 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: T () Delete
Name: DOWLING, MAGINESS D
Address: 1300 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: LUPOLI, BILL
Address: 1186 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: T (X) Change () Addition
Name: DOWLING, MAGINESS D
Address: 1186 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176 US

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: BILL LUPOLI

PVS

02/10/2009

Electronic Signature of Signing Officer or Director

Date