2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 16, 2009
Secretary of State

DOCUMENT# P08000077638

Entity Name: ICARE TIMESHARE MARKETING GROUP INC.

Current Principal Place of Business:

2700 W CYPRESS CREEK RD, STE C106
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2700 W CYPRESS CREEK RD, STE C106
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-3428153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DISGDIERTT, DANIEL JR
10401 N. LAKE VISTA CIRLCE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DISGDIERTT, DANIEL JR
Address: 10401 N. LAKE VISTA CIRLCE
City-St-Zip: DAVIE, FL 33328 US

Title: VP ( ) Delete
Name: DISGDIERTT, DAVID A
Address: 2103 NE 40TH RD
City-St-Zip: HOMESTEAD, FL 33033 US

Title: S ( ) Delete
Name: DISGDIERTT, SHEILA D
Address: 616 PETRONIA ST
City-St-Zip: KEY WEST, FL 33040 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: DISGDIERTT, DIANE
Address: 616 PETRONIA ST
City-St-Zip: KEY WEST, FL 33040

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: DAVID DISGDIERTT VP 07/16/2009
Electronic Signature of Signing Officer or Director — Date