

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090094

Entity Name: DKUS VACATION RENTAL, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

MARTENSEN WRIGHT, LLP
112 J STREET, 2ND FLOOR
SACRAMENTO, CA 95814

Current Mailing Address:

MARTENSEN WRIGHT, LLP
112 J STREET, 2ND FLOOR
SACRAMENTO, CA 95814

New Principal Place of Business:

2671 MANESTY LANE
WINDSOR HILLS RESORT
KISSIMMEE, FL 34747

New Mailing Address:

C/O KIM ERIKSEN
AABENRAAVEJ 9
SILKEBORG, DENMARK, DK DK-8600 DK

FEI Number: 26-3518577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIKKELSEN, NIELS
Address: AABENRAAVEJ 86
City-St-Zip: SILKEBORG, DK DK-8600 DK

Title: D () Delete
Name: MIKKELSEN, NIELS
Address: AABENRAAVEJ 86
City-St-Zip: SILKEBORG, DK DK-8600 DK

Title: D () Delete
Name: ERIKSEN, KIM
Address: AABENRAAVEJ 86
City-St-Zip: SILKEBORG, DK DK-8600 DK

Title: D () Delete
Name: RUBECK, OLE
Address: AABENRAAVEJ 86
City-St-Zip: SILKEBORG, DK DK-8600 DK

Title: D (X) Delete
Name: TOFT, PER
Address: AABENRAAVEJ 86
City-St-Zip: SILKEBORG, DK DK-8600 DK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: ERIKSEN, KIM
Address: AABENRAAVEJ 9
City-St-Zip: SILKEBORG, DK DK-8600 DK

Title: D (X) Change () Addition
Name: RUBECK, OLE
Address: IBSTRUPVEJ 20A
City-St-Zip: GENTOFTE, DK DK-2820 DK

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

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: KIM ERIKSEN

DS

04/21/2009

Electronic Signature of Signing Officer or Director

Date