

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091049

Entity Name: VIRGIN VACATIONS, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

4700 MILLENIA BLVD., SUITE 405
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

20 N. ORANGE AVE., SUITE 600
ORLANDO, FL 32801

New Mailing Address:

4700 MILLENIA BLVD., SUITE 405
ORLANDO, FL 32839

FEI Number: 01-0673673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRY, STONER, CALANDRINO & BROWN, PA
20 N. ORANGE AVE., SUITE 600
ORLANDO, FL 322801 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: D () Delete
Name: WILLS, AMANDA
Address: THE GALLERIA STAT. RD., CRAWLEY
City-St-Zip: WEST SUSSEX, RH10 1WW UK,

Title: D () Delete
Name: MCCARTHY, GRANT
Address: THE GALLERIA STAT. RD., CRAWLEY
City-St-Zip: WEST SUSSEX, RH10 1WW UK,

Title: D () Delete
Name: RIDGEWAY, STEPHEN
Address: THE GALLERIA STAT. RD., CRAWLEY
City-St-Zip: WEST SUSSEX, RH10 1WW UK,

Title: S () Delete
Name: HARTFORD, NANCY
Address: 4700 MILLENIA BLVD., SUITE 405
City-St-Zip: ORLANDO, FL 32839

Title: P () Delete
Name: OSBORNE, NIGEL
Address: 4700 MILLENIA BLVD., SUITE 405
City-St-Zip: ORLANDO, FL 32839

Title: T () Delete
Name: HARRIS, ALEX
Address: 4700 MILLENIA BLVD., SUITE 405
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BAIRD, STEWART
Address: 4700 MILLENIA BLVD
City-St-Zip: ORLANDO, FL 32839

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: () 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: NANCY HARTFORD

S

03/12/2009

Electronic Signature of Signing Officer or Director

Date