



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT #P93000042245 1. Entity Name VACATION CLOTHING EXCHANGE, INC.	
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Principal Place of Business 2779 NW 31ST AVENUE LAUDERDALE LAKES, FL 33311 US	Mailing Address 2778 NW 31ST AVENUE LAUDERDALE LAKES, FL 33311 US
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0416646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMAL, RALPH
8830 COCO PLUM MANOR
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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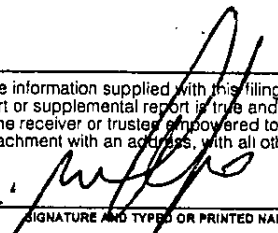
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JAMAL, RALPH 8830 COCO PLUM MANOR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREMUTER, BENJAMIN 2709 PARKVIEW DRIVE HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, CLAUDE 10042 NW 2ND ST PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/21/06-80002-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **X** 7/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #