2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P94000041300 1. Entity Name RESERVATION CENTRAL, INC. Principal Place of Business Mailing Address 1040 MORNINGSIDE DR. NAPLES FL 34103 1040 MORNINGSIDE DR. NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0500659 Not Applicable Zio Country Zια Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME CANT. JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 1040 MORNINGSIDE DR NAPLES FL 34103 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE Delete TITLE ☐ Change ☐ Addition NAME CANT, JOSEPH R NAME STREET ADDRESS STREET ADDRESS 1040 MORNINGSIDE DR U00000538409 NONE 05/09/08-80057-020 150.00 NAPLES FL 34103 CITY-ST-ZIF CITY-SY-ZIP THE ☐ Delete ☐ Change THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TI X\C Delete ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

if changed, or on an attachmen Président _1-800-290-6920 SIGNATURE: 1 CAnt 4/25/06 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING