## **\*2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: \_

## May 01, 2006 8:00 am Secretary of State DOCUMENT # P94000046240 05-01-2006 90469 029 \*\*\*150.00 FLORIDA CHOICE VACATION HOME RENTALS, INC. VVVJ4J4Z Principal Place of Business Mailing Address 3501 W. VINE ST. 3501 W. VINE ST. SUITE 130 **SUITE 130** KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business 3. Mailing Address 8390 champions Gate Blod SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chg-P CR2E034 (11/05) 311 City & State 4. FEI Number Applied For City & State Gate Champions 59-3247291 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired J. S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, KAREN Street Address (P.O. Box Number is Not Acceptable) 6850 VALHALLA WAY WINDERMERE, FL 34786 Zip Code City FL 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 rainstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change ☐ Addition TITLE WOODWARD, NEIL NAME NAME STREET ADDRESS STREET ADDRESS 6850 VALHALLA WAY CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP VΦ TITLE ☐ Change ☐ Addition TITLE ☐ Delete WOODWARD, KAREN NAME NAME STREET ADDRESS 6850 VALHALLA WAY STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 flue 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 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 given like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #