


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000015566 1. Entity Name INTERVAL INTERNATIONAL OVERSEAS HOLDINGS, INC.	
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Principal Place of Business 6262 SUNSET DR. PH 1 MIAMI, FL 33143	Mailing Address 6262 SUNSET DR. PH 1 MIAMI, FL 33143
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03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0575611	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARBERT, JEANETTE E 6262 SUNSET DR. PH 1 MIAMI, FL 33143
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**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 _____
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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000546371 05/11/06-80113-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NASH, CRAIG M 6262 SUNSET DR., PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO DREW, W. CARL 6262 SUNSET DRIVE, PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MARBERT, JEANETTE E. 6262 SUNSET DRIVE, PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEST, JENNIFER A. 6262 SUNSET DRIVE DR., PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINCKE, VICTORIA J 6262 SUNSET DRIVE PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Victoria J. Kincke, Secretary
Date **4/25/06** Daytime Phone # **305-666-1861**