

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056665

FILED
Aug 31, 2006
Secretary of State

Entity Name: SUITE DREAMS VACATION PROPERTIES, INC.

Current Principal Place of Business:

1676 PROVIDENCE BLVD
SUITE B
DELTONA, FL 32725 US

New Principal Place of Business:

1921 SOUTH OLD MILL DRIVE
DELTONA, FL 32725 US

Current Mailing Address:

PO BOX 5426
DELTONA, FL 32728 US

New Mailing Address:

FEI Number: 59-3326952 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

IVAN LEFKOWITZ
430 NORTH MILLS
ORLANDO, FL 32803 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: GOODRICH, HARRY M JR.
Address: 1676 PROVIDENCE BLVD., STE B
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GOODRICH, HARRY M JR.
Address: 1921 SOUTH OLD MILL DR.
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRY M. GOODRICH JR

PST

08/31/2006

Electronic Signature of Signing Officer or Director

_____ Date