


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90198 044 \*\*\*150.00

<b>DOCUMENT # P95000059813</b> 1. Entity Name ROYAL RV RESORTS, INC.	
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Principal Place of Business 20285 US HWY 27 NORTH CLERMONT, FL 34711	Mailing Address 14436 W. COLONIAL DR. WINTER GARDEN, FL 34787
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**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3328883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SEVERNS, ANN L 2388 BARONSMEAD CT WINTER GARDEN, FL 34787
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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.

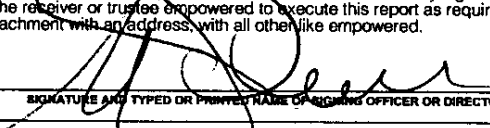
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWITT, DALE A 10215 LAKE LOUISA RD. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEWITT, THEODORE D 1001 LAKE LOUISA RD 10701 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEWITT, THOMAS A 238 E. LAKESHORE DR. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEVERNS, ANN L 2388 <del>BARONSMEAD</del> CT BARONSMEAD CT WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**  **4/24/06** **407-656-1799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #