


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90150 039 \*\*\*150.00

<b>DOCUMENT # P97000022282</b> 1. Entity Name <b>KARELL'S AFRICAN DREAM VACATIONS, INC.</b>					
Principal Place of Business <b>814 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134</b>			Mailing Address <b>814 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>7300 CORPORATE CENTER DR.</b>		3. Mailing Address <b>7300 CORPORATE CENTER DR.</b>			
Suite, Apt. #, etc. <b>703</b>		Suite, Apt. #, etc. <b>703</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>			
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>PIETERS, NORMAN 814 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>PIETERS, NORMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 CORPORATE CENTER DR., SUITE 703</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b>	NAME <b>PIETERS, NORMAN</b>		TITLE <b>PS</b>	NAME <b>NORMAN PIETERS</b>	
STREET ADDRESS <b>814 PONCE DE LEON BLVD. #203</b>	CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>		STREET ADDRESS <b>7300 CORPORATE CENTER DR., SUITE 703</b>	CITY-ST-ZIP <b>MIAMI FLORIDA 33126</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
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 changed, or on an attachment with an address, with all other like empowered.					

