

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056797

FILED
Jan 06, 2006
Secretary of State

Entity Name: DOVE VACATION RENTALS, INC.

Current Principal Place of Business:

9220 BONITA BEACH RD., SUITE 201
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9220 BONITA BEACH RD., SUITE 203
BONITA SPRINGS, FL 34135

Current Mailing Address:

P.O. BOX 110489
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-3454346 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOVE, EMIL W
Address: 9220 BONITA BEACH RD #201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD () Delete
Name: CHRISTENSEN, BETTY J
Address: 9220 BONITA BEACH RD #201
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOVE, EMIL W
Address: 9220 BONITA BEACH RD #203
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD (X) Change () Addition
Name: CHRISTENSEN, BETTY J
Address: 9220 BONITA BEACH RD #203
City-St-Zip: BONITA SPRINGS, FL 34135

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: EMIL W. DOVE

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01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date