

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057531

FILED
Jan 15, 2007
Secretary of State

Entity Name: DP/LP HERITAGE TRAVEL INVESTMENTS, INC.

Current Principal Place of Business:

7212 FISHER ISLAND DRIVE
FISHER ISLAND, FL

New Principal Place of Business:

7212 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109 US

Current Mailing Address:

7212 FISHER ISLAND DRIVE
FISHER ISLAND, FL

New Mailing Address:

7212 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109 US

FEI Number: 04-2376265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARESKY, LINDA K
7212 FISHER ISLAND DRIVE
FISHER ISLAND, FL US

Name and Address of New Registered Agent:

PARESKY, LINDA K
7212 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109 US

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:

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PARESKY, LINDA K
Address: 7212 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL

Title: PD () Delete
Name: PARESKY, DAVID S
Address: 7212 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: PARESKY, LINDA K
Address: 7212 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: PD (X) Change () Addition
Name: PARESKY, DAVID S
Address: 7212 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 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: DAVID S. PARESKY

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date