


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000075991 1. Entity Name AMERICAN TIMESHARE & CONSULTING, INC.	
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Principal Place of Business 9361 CYPRESS COVE DR ORLANDO, FL 32819	Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744
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02112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3467393	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEIBY, PATRICK T 9361 CYPRESS COVE ORLANDO, FL 32819

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIBY, PATRICK T 9361 CYPRESS COVE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, CARL W JR 8714 LOST COVE DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIBY, MARY JANE 9361 CYPRESS COVE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, DANA E 8714 LOST COVE DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000476901 04/06/06-80029-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____