2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P97000092037

Entity Name: VACATIONWORKS, INC.

Current Principal Place of Business:

8801 VISTANA CENTRE DRIVE
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

PO BOX 22197
LAKE BUENA VISTA, FL 328302197

New Mailing Address:

8801 VISTANA CENTRE DRIVE
ATTN: LEGAL SERVICES
ORLANDO, FL 32821 US

FEI Number: 59-3475157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEOD ( ) Delete
Name: GELLEIN, RAYMOND L COBP
Address: 8801 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: SVPD ( ) Delete
Name: AVRIL, MATTHEW E
Address: 8801 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: CFOT ( ) Delete
Name: CURTIN, DALE SVPAS
Address: 8801 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: SVPD ( ) Delete
Name: WERTH, SUSAN SECTY
Address: 8803 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: SVP ( ) Delete
Name: BRODERICK, DAVID E
Address: 74-000 COUNTRY CLUB DRIVE, BLDG D
City-St-Zip: PALM DESERT, CA 92260

Title: VPAS ( ) Delete
Name: CARTER, VICTORIA H
Address: 8803 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN WERTH SVPD 04/13/2005

Electronic Signature of Signing Officer or Director Date