2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2005 08:00 AM DOCUMENT # S70147 **Secretary of State** 1. Entity Name DAYTONA VACATIONS, INC. Mailing Address Principal Place of Business 1303 S. ATLANTIC AVENUE 1303 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 CR2E034 (10/03) 01112005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3074962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTGOMERY, WANDA M. DO NOT WRITE 160 POINT O' WOODS DR DAYTONA BEACH, FL 32114 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTS TITLE MONTGOMERY, WANDA M. STREET ADDRESS 160 POINT O'WOODS DR DAYTONA BEACH, FL CITY-ST-ZIP U00000179036 01/13/05-80002-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TIT2 E

STREET ADDRESS CITY-ST-ZIP