# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000111566

**Entity Name:** ORLANDO CLASSIC VACATIONS, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 693 TURTLEWOOD PL<br>HENDERSON, NV 89052 | 2727 MINTLAW AVE<br>HENDERSON, NV 89044 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 693 TURTLEWOOD PL<br>HENDERSON, NV 89052 | 2727 MINTLAW AVE<br>HENDERSON, NV 89052 |

FEI Number: 16-1649493      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| HENAO, MARIA I<br>1346 ROCKY RD.<br>213A<br>KISSIMMEE, FL 34744 US | HENAO, MARTHA I<br>1346 ROCKY RD.<br>KISSIMMEE, FL 34744   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:   MARTHA HENAO                                                     03/03/2006
                    Electronic Signature of Registered Agent                                  Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

| | |
|---|---|
| Title: | PSTD      ( ) Delete |
| Name: | POSTE, MARINA |
| Address: | 693 TURTLEWOOD PL |
| City-St-Zip: | HENDERSON, NV 89052 |

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| | |
|---|---|
| Title: | PSTD      (X) Change ( ) Addition |
| Name: | POSTE, MARINA |
| Address: | 2727 MINTLAW AVE |
| City-St-Zip: | HENDERSON, NV 89044 |

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:   MARINA POSTE                                    PSTD                  03/03/2006
                    Electronic Signature of Signing Officer or Director                              Date