2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 14, 2007 8:00 am Secretary of State DOCUMENT # P97000054221 05-14-2007 90096 050 ***150.00 VACATION TIME, INCORPORATED Principal Place of Business Mailing Address 4ULAU" 27 NUTT ROAD 27 NUTT ROAD PHOENIXVILLE, PA 19460 PHOENIXVILLE, PA 19460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 52-2150552 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 4555 W IRLO BRONSON HWY KISSIMMEE, FL 34746 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PCEO** ☐ Delete TITLE Change ☐ Addition TITLE PULEO, RICHARD J NAME NAME STREET ADDRESS 27 NUTT ROAD STREET ADDRESS CITY-ST-ZIP PHOENIXVILLE, PA 19460 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME OVERSTREET, JAMES K NAME STREET ADDRESS STREET ADDRESS 27 NUTT ROAD PHOENIXVILLE, PA 19460 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE PULEO, FRANCIS J NAME NAME 27 NUTT ROAD STREET ADDRESS STREET ADDRESS PHOENIXVILLE, PA 19460 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receives or true 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 attach

ICHARD J PULEO

FILED