


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004262		
1. Entity Name COLLETTE TRAVEL SERVICE, INC.		
Principal Place of Business 1021 HILLSBORO MILE, APT. 608 HILLSBORO BEACH, FL	Mailing Address 162 MIDDLE STREET PAUTUCKET, RI 02860	



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0298245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, DANIEL J JR
 1021 HILLSBORO MILE, APT. 608
 HILLSBORO BEACH, FL

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000131525
 04/27/04-80009-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, DANIEL J JR 16 GARWAINE DRIVE LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SULLIVAN, DANIEL J SR 17 HILLSIDE TERRACE MANSFIELD, MA 02048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TWIDALE, PAULA 205 CASTLE ROCK ROAD WARWICK, RI 02888
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZPATRICK, PATRICIA 9 MELODY LANE JOHNSTON, RI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALVIN, JOHN 62 CARRIAGE DRIVE LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* *Chief Financial Officer* 4/18/04 401 728 3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #