


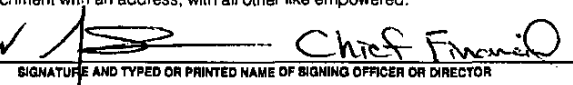
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90297 041 ***550.00

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DOCUMENT # F0100004262					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SULLIVAN, DANIEL J JR 1021 HILLSBORO MILE, APT. 608 HILLSBORO BEACH, FL				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DANIEL J JR		NAME		
STREET ADDRESS	16 GARWAINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LINCOLN, RI 02865		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DANIEL J SR		NAME		
STREET ADDRESS	17 HILLSIDE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MANSFIELD, MA 02048		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWIDALE, PAULA		NAME		
STREET ADDRESS	205 CASTLE ROCK ROAD		STREET ADDRESS		
CITY-ST-ZIP	WARWICK, RI 02888		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZPATRICK, PATRICIA		NAME	WILLIAM DZIURA	
STREET ADDRESS	9 MELODY LANE		STREET ADDRESS	13 BELLS BROOK ROAD	
CITY-ST-ZIP	JOHNSTON, RI		CITY-ST-ZIP	LAKEVILLE, MA 02347	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIN, JOHN		NAME		
STREET ADDRESS	62 CARRIAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LINCOLN, RI-02865		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: 		Date: 5/3/05		Daytime Phone #: 401 728 3885	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					