


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 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**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CRZE034 (11/05)

4. FEI Number 05-0298245	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$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**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

100000452243
 03/11/06-80019-006 150.00

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	S DZUIRA, WILLIAM 13 BELLS BROOK ROAD LAKEVILLE, MA 02347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALVIN, JOHN 62 CARRIAGE DRIVE LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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: CFO 2/22/06 401 728 3505
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #