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Apr 25, 2006 8:00 am
Secretary of State
04-25-2006 90111 013 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M83024

1. Entity Name
ONE STOP TRAVEL CENTERS OF ORLANDO, INCORPORATED

Principal Place of Business	Mailing Address
411 N MAGNOLIA AVE ORLANDO, FL 32801	419 N. MAGNOLIA AVE ORLANDO, FL 32801

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
6881 KINGSPOINTE PKWY		6881 KINGSPOINTE PKWY	
Suite, Apt. #, etc.: #9, BLDG 2		Suite, Apt. #, etc.: #9, BLDG 2	
City & State: ORLANDO, FLORIDA		City & State: ORLANDO, FLORIDA	
Zip: 32819	Country: USA	Zip: 32819	Country: USA

4. FEI Number: 59-2890231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARIN, VICKI 419 N MAGNOLIA AVE ORLANDO, FL 32801	Name: Street Address (P.O. Box Number is Not Acceptable): 6881 KINGSPOINTE PKWY, #9, BLDG 2 City: ORLANDO FL Zip Code: 32819

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, VICKI 419 N MAGNOLIA AVE ORLANDO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 6881 KINGSPOINTE PKWY, #9, BLDG 2 ORLANDO, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, VICKI 419 N MAGNOLIA AVE ORLANDO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 6881 KINGSPOINTE PKWY, #9, BLDG 2 ORLANDO, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: VICKI MARTIN Vicki Martin 4/20/06 407-839-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #