2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# N99000001893

Entity Name: TRAVELERS REST ACTIVITIES GROUP, INC.

Current Principal Place of Business:

29129 JOHNSTON ROAD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

29129 JOHNSTON ROAD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 59-3605060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUNDRUM, JOAN
29129 JOHNSTON ROAD
21-16
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD
Name: BUCHSER, DONALD
Address: 29129 JOHNSTON RD 2644 15-28
City-St-Zip: DADE CITY, FL 33523

Title: VD
Name: MORRISON, NANCY
Address: 29129 JOHNSTON RD 01-09
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: BROWN, MELVILLE
Address: 29129 JOHNSTON RD 0616
City-St-Zip: DADE CITY, FL 33523

Title: PD
Name: NEWTON, RICHARD
Address: 29129 JOHNSTON RD 2029
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: CARMICHAEL, MAX
Address: 29129 JOHNSTON ROAD 2629
City-St-Zip: DADE CITY, FL 33523

Title: VD
Name: MORRISON, NANCY
Address: 29129 JOHNSTON RD 01-09
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDY DOELL GM 01/07/2010

Electronic Signature of Signing Officer or Director — Date