


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000074551

1. Entity Name
1 TRAVEL NETWORK, INC.



Principal Place of Business
7495 MANASOTA KEY RD.
ENGLEWOOD, FL 34223

Mailing Address
7495 MANASOTA KEY RD.
ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE



02182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3660421 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

BULLER, DARCIE
7495 MANASOTA KEY RD.
ENGLEWOOD, FL 34223

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BULLER, DARCIE 7495 MANASOTA KEY RD. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRONER, JONATHAN 7495 MANASOTA KEY RD. ENGLEWOOD, FL 34223
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04/13/06-80023-016 150.00

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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: Jonathan E. Broner, V.P. 3/27/06 941-270-2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #