


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P0000074551


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



03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3660421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00

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

U00000669569
 03/27/07-80078-014 150.00

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, JONATHON 7495 MANASOTA KEY RD. ENGLEWOOD, FL 34223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, U.P. Date: 3/14/07 Daytime Phone #: 941-270-2024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan E. Broner