2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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Entity Name: TRAVEL AFFILIATE SOLUTIONS, INC.

Current Principal Place of Business:

1500 CORDOVA RD., STE 302
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 029006
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 26-2600122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROSS, WILLIAM J ESQ
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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: DCEO
Name: EGAN, MICHAEL S
Address: 1500 CORDOVA RD., STE 302
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: DT
Name: LEBOWITZ, ROBIN S
Address: 1500 CORDOVA RD., STE 302
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: S
Name: TRIPP, NORMAN
Address: 1500 CORDOVA RD., STE 302
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: D
Name: KELLY, WILLIAM H JR
Address: 55 EAST MONROE ST. STE. 4620
City-St-Zip: CHICAGO, IL 60603 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN S LEBOWITZ DT 04/21/2011

Electronic Signature of Signing Officer or Director — Date