2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217454

Current Principal Place of Business:

Entity Name: FIRST NATIONAL TRAVEL SERVICE, INC.

FILED Mar 09, 2008 Secretary of State

FURST, HENRY			
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
FEI Number: 59-0608599	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
6542 VIA TRENTO DELRAY BEACH, FL 3344	6 US	6542 VIA TRENTO DELRAY BECH, FL 33	446 US
Current Mailing Address:		New Mailing Address:	
6542 VIA TRENTO DELRAY BEACH, FL 3344	6 US		

New Principal Place of Business:

6542 VIA TRENTO DELRAY BEACH, FL 33446 US

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

Electronic Oignature of Registered Age

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. () Delete Title: MR. (X) Change () Addition Name: FURST, HENRY, Name: FURST, HENRY , PRESI, DENT Address: 6542 VIA TRENTO Address: 6542 VIA TRENTO

City-St-Zip: DELRAY BEACH, FL 33446 US

Title: VST () Delete Title: VST (X) Change () Addition Name: MIRABILE, CARRIE. Name: MIRABILE, CARRIE.

Address: 613 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747

Name: Mirkabile, CARRIE,
Address: 613 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747 US

Title: () Delete Title: DIR () Change (X) Addition

Name:Name:FURST, NINA DIRECT, ORAddress:Address:6542 VIA TR ENTO

City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33446 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY FURST, MR. 03/09/2008