2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90245 040 ***150.00

DOCUMENT # 414633

1. Entity Name
TRANSOLAR TRAVEL, INC

Principal Place of Business	Mailing Address
C/O 258 BUMINI RD. COCOA BEACH, FL 32931	C/O 258 BUMINI RD. COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCGEE, DAVID
258 BIMINI RD.
COCOA ISLES
COCOA BEACH, FL 32931

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGEE, DAVID
STREET ADDRESS	30 SEA ROAD WALLASEY
CITY-ST-ZIP	MERSEYSIDE, ENGLAND,
TITLE	ST
NAME	MCGEE, BARBARA
STREET ADDRESS	1835 MINUTEMEN CAUSEWAY
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	V
NAME	MCMAHON, PATRICIA
STREET ADDRESS	8 LINKS VIEW WALLASEY
CITY-ST-ZIP	MERSEYSIDE, ENGLAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 22 April 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #