


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90084 049 ***150.00

DOCUMENT # 424492 1. Entity Name TRAVEL INTERNATIONAL INCORPORATED			
Principal Place of Business 1990 3RD ST S. JACKSONVILLE BEACH, FL 32250 US		Mailing Address 1990 3RD ST S. JACKSONVILLE BEACH, FL 32250 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 35250 Suite, Apt. #, etc.	
City & State		City & State Louisville, KY	
Zip 40232-5250	Country USA	4. FEI Number 59-1458181	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHMIDT, JOHN C 1990 3RD ST S. JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box N) 1200 South Pine Island Rd. City Plantation FL Zip Code 33324	
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 <u><i>Joan Hammer</i></u> <u><i>Carl Board</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retiring)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, JOHN C. 55 SAN JUAN DRIVE PONTE VEDRA BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF BOARD TOM LUMLEY 702 NORTH SHORE DR., STE. 300 JEFFERSONVILLE, IN 47130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMIDT, GLORIA G. 55 SAN JUAN DRIVE PONTE VEDRA BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DEBORAH CALLAHAN 702 NORTH SHORE DR., STE. 300 JEFFERSONVILLE, IN 47130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DEBBIE MYERS 702 NORTH SHORE DR., STE. 300 JEFFERSONVILLE, IN 47130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER LEE THOMAS 702 NORTH SHORE DR., STE. 300 JEFFERSONVILLE, IN 47130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOAN HAMMER 702 NORTH SHORE DR., STE. 300 JEFFERSONVILLE, IN 47130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOAN HAMMER 702 NORTH SHORE DR., STE. 300 JEFFERSONVILLE, IN 47130
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: <u><i>Joan Hammer, Secretary</i></u> <u><i>JOAN HAMMER</i></u> <u><i>1/31/06</i></u> <u><i>812-206-5100</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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