


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 006 \*\*\*150.00

**DOCUMENT # 488337**  
 1. Entity Name  
**FOUR-WAY TRAVEL, INC.**



Principal Place of Business      Mailing Address  
 9868 W. SAMPLE ROAD      9868 W. SAMPLE ROAD  
 CORAL SPRINGS, FL 33065      CORAL SPRINGS, FL 33065

40124000

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*5551 N. UNIVERSITY DR.*      *5551 N. UNIVERSITY DR.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*# 103*      *# 103*

City & State      City & State  
*CORAL SPRINGS FL.*      *CORAL SPRINGS FL.*

Zip      Country      Zip      Country  
*33067*      *USA*      *33067*      *U.S.A*



07052007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**  
 BIONDOLILLO, ANN MARIE  
 6689 NW 70TH PLACE  
 PARKLAND, FL 33067

4. FEI Number      Applied For  
 59-1634629      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Annmarie Biondolillo*      DATE: *7/5/07*

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**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	BIONDOLILLO, ANN MARIE	
STREET ADDRESS	6689 NW 70TH PLACE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Annmarie Biondolillo*      DATE: *7/5/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #