


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90458 033 ***150.00

DOCUMENT # 681529

1. Entity Name
 TAMARAC TRAVEL AGENCY, INC.



Principal Place of Business
 3300 NORTH UNIVERSITY DR
 SUITE 321
 CORAL SPRINGS, FL 33065 US

Mailing Address
 3300 NORTH UNIVERSITY DR
 SUITE 321
 CORAL SPRINGS, FL 33065 US

40091542



2. Principal Place of Business - No P.O. Box #
 10837 PIPING ROCK CIR.

3. Mailing Address
 10837 PIPING ROCK CIR.

Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State
 ORLANDO, FL

City & State
 ORLANDO, FL

Zip
 32817

Country
 USA

Zip
 32817

Country
 U.S.A.

4. FEI Number
 59-2019595

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

D'AMATO, RICHARD G
 3300 NORTH UNIVERSITY DR
 SUITE 321
 CORAL SPRINGS, FL 32065

7. Name and Address of New Registered Agent

Name
 PETER A. ROSE

Street Address (P.O. Box Number is Not Acceptable)
 5295 TOWN CENTER RD., 3RD FLR.

City
 BOCA RATON

FL

Zip Code
 33486

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 Peter A. Rose PETER A. ROSE 1/24/07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 D'AMATO, RICHARD G 10837 PIPING ROCK CIRCLE ORLANDO, FL 328172939 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 signatures.

SIGNATURE: Richard G. D'Amato RICHARD G. D'AMATO 4/29/07 321-235-9647

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