## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000005499

Entity Name: TRAVELEX INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SCOTIA PLAZA 100 YONGE ST. 15TH FL. TORONTO ONTARIO M5C2W1 CANADA, XX				SCOTIA PLAZA 100 YONGE ST. 15TH FL. TORONTO ONTARIO M5C2W1 TORONTO, ON 10006 XX			
Current Mailing Address:				New Mailing Address:			
	AZA 100 YON ONTARIO ME XX	GE ST. 15TH FL. IC2W1		TORONTO	AZA 100 YON ONTARIO M , ON 10006	NGE ST. 15TH FL. 15C2W1 XX	
FEI Number:	13-0598590	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired	( )
Name and	Address of Co	ırrent Registered Agent:		Name and	Address of N	lew Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324						
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registered o	ffice or registered agent, c	or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () HORNE, ANTHOI 1000 FRANKLIN GARDEN CITY, I	AVE STE. 100		Title: Name: Address: City-St-Zip:	TAYLOR, LARE 100 YONGE ST		
Title: Name: Address: City-St-Zip:	VERASAMY, RIC 100 YONKE ST			Title: Name: Address: City-St-Zip:	VERASAMY, RI 100 YONGE ST		
Title: Name: Address: City-St-Zip:	D ( ) I PAINTER, DAVID THORPE WOOD PETERBOROUG			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () NIELD, CHRIS THORPE WOOD PETERBOROUG			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () I AMBROSE, MIKI 2121 NORTH 11 OMAHA, NE 681	7 AVENUE		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD VERASAMY S 04/06/2005