


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F03000003241			
1. Entity Name APPALACHIA TRAVEL - ISLAND TRAVEL PROMOTIONS, INC.			
Principal Place of Business 3200 CALLOWAY CIRCLE LENAIR CITY TN 37772		Mailing Address 3200 CALLOWAY CIRCLE LENAIR CITY TN 37772	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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6. Name and Address of Current Registered Agent BARNES, TRACI 1215 PAGANA COURT PORT ORANGE FL 32129		7. Name and Address of New Registered Agent Name Cindy Sweeney Street Address (P.O. Box Number is Not Acceptable) 1351 Old Kings Road City Holly Hill FL Zip Code 32117	
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 <i>Cindy Sweeney</i> Cindy Sweeney DATE Aug. 15, 2007 <small>Signature, typed or printed name of registered agent. (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	<input checked="" type="checkbox"/> S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LINDNER, SHEENA V 951 FOSTER DRIVE LENOIR CITY TN 37772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110954021 10/18/07--01039--022 ++150.00
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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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

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: *Sheena V. Lindner* **Aug. 15, 2007** (865) 988-9383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #