2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004194

Entity Name: ONENATION TRAVEL, INCORPORATED

FILED Feb 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

324 NORTH DALE MABRY HWY., SUITE 103 324 NORTH DALE MABRY HWY. TAMPA, FL 33609

SUITE #201

TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

324 NORTH DALE MABRY HWY., SUITE 103 324 NORTH DALE MABRY HWY.

TAMPA, FL 33609 SUITE #201

TAMPA, FL 33609

FEI Number: 92-0185074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEYER, LINDA A MEYER, LINDA A 324 NORTH DALE MABRY HWY, 324 NORTH DALE MABRY HWY, STE 103

TAMPA, FL 33609 SUITE #201

TAMPA, FL 33609 US

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.

SIGNATURE: 02/08/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Name: MEYER, LINDA A Name: MEYER, LINDA A

324 NORTH DALE MABRY HWY., SUITE 103 324 NORTH DALE MABRY HWY., SUITE #201 Address: Address:

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: Title: () Delete (X) Change () Addition

MILLER, OKIE OLEN A Name: MILLER, OKIE OLEN A Name:

324 NORTH DALE MABRY HWY., SUITE 103 324 NORTH DALE MABRY HWY., SUITE 201 Address: Address:

TAMPA, FL 33609 TAMPA, FL 33609 City-St-Zip: City-St-Zip:

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: LINDA A. MEYER **PST** 02/08/2005