

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001796

FILED
Apr 24, 2007
Secretary of State

Entity Name: ALL SEASONS TRAVEL AND RESORT, INC.

Current Principal Place of Business:

12421 N. FLORIDA AVE.
SUITE C-220
TAMPA, FL 33602

New Principal Place of Business:

12421 N. FLORIDA AVE.
SUITE C-220
TAMPA, FL 33612

Current Mailing Address:

12421 N. FLORIDA AVE.
SUITE C-220
TAMPA, FL 33602

New Mailing Address:

12421 N. FLORIDA AVE.
SUITE C-220
TAMPA, FL 33612

FEI Number: 01-0636664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FLYNN, LAWRENCE
Address: 12421 N. FLORIDA AVE.SUITE C-220
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: FLYNN, DESLYN
Address: 12421 N. FLORIDA AVE.SUITE C-220
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FLYNN, LAWRENCE
Address: 12421 N. FLORIDA AVE.SUITE C-220
City-St-Zip: TAMPA, FL 33612

Title: VP (X) Change () Addition
Name: FLYNN, DESLYN
Address: 12421 N. FLORIDA AVE.SUITE C-220
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LAWRENCE E. FLYNN

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date