2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000042

Entity Name: TRAVEL HOLDINGS, INC.

FILED May 08, 2008 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
220 EAST CENTRAL PARKWAY SUITE 4000 ALTAMONTE SPRINGS, FL 32701						
Current Mailing Address:			New Mai	New Mailing Address:		
220 EAST CENTRAL PARKWAY SUITE 4000 ALTAMONTE SPRINGS, FL 32701						
FEI Number: 58-2487869 FEI Number Applied For () FEI Number			FEI Number Not Ap	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Ag					f New Registered Agent:	
ARGOV, URI 220 EAST CENTRAL PARKWAY, SUITE 4000 ALTAMONTE SPRINGS, FL 32701 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:						
	Electronic	Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GREENBERG, AL	E ROAD, NE, SUITE 110	Title: Name: Address: City-St-Zip:		(X) Change()Addition I CEO ENTRAL PARKWAY, STE 4000 E SPRINGS, FL 32701	
Title: Name: Address: City-St-Zip:	ARGOV, URI	Delete RAL PARKWAY, SUITE 4000 RINGS, FL 32701	Title: Name: Address: City-St-Zip:	220 EAST C	(X) Change () Addition 3, WENDY SECY ENTRAL PARKWAY, SUITE 4000 E SPRINGS, FL 32701	
Title: Name: Address: City-St-Zip:	DEVLIN, MICHAE	LLS BLVD., SUITE 180	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	RENAUD, CHRIS	/ENUE, FLOOR 26	Title: Name: Address: City-St-Zip:	220 EAST C	(X) Change () Addition ROBERT CFO ENTRAL PARKWAY, STE 4000 E SPRINGS, FL 32701	
Title: Name: Address: City-St-Zip:	YARNELL, DAVID	VLD 16TH FLOOR	Title: Name: Address: City-St-Zip:		ER BVLD 9TH FLOOR	
Title: Name: Address: City-St-Zip:	BURCH, LUCIÚS	Delete LLS BLVD., SUITE 350 37215	Title: Name: Address: City-St-Zip:		BORO ROAD, SUITE A	

I hereby certify that the information supplied with this filing does not qualify 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: WENDY FRIEDBERG O 05/08/2008