2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005397

Entity Name: ALL ABOUT TRAVEL, INC. OF MISSOURI

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NSON DRIVE KS 66205				
Current Mailing Address:			New Mailing Address:		
	NSON DRIVE KS 66205				
FEI Number	: 43-1270102 FEI	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Curren	t Registered Agent:	Name and Address of	of New Registered Agent:	
GAULIEN, 801 3RD S PALMETT					
	e named entity submi e of Florida.	ts this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Sig	nature of Registered Ag	ent	Date	
Election Ca	mpaign Financing Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOC () Delete GAULIEN, COBY 801 3RD ST. EAST PALMETTO, FL 3422		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete BLAKE, BRENT 5331 JOHNSON DRIVI MISSION, KS 66205		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PSD () Delete DAVIS, GARY D 5331 JOHNSON DRIVI MISSION, KS 66205		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GARY D. DAVIS PSD 03/27/2009