2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# F07000000326

Entity Name: VALUE TRAVEL OF VERNON INC.

Current Principal Place of Business:

1061 W. LAKEVIEW DR
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

PO BOX 780062
SEBASTIAN, FL 32978

New Mailing Address:

FEI Number: 06-1245059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODFELLOW, GLENN
1061 W LAKEVIEW DR
SEBASTIAN, FL 32958 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: CP ( ) Delete
Name: GARAREDIAN, ROBERT
Address: 44 COLCHECTER COMMONS
City-St-Zip: COLCHESTER, CT 06415

Title: VCT ( ) Delete
Name: GOODFELLOW, GLENN
Address: 1061 W LAKEVIEW DR
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete
Name: GOODFELLOW, CAROL A
Address: 1061 W LAKEVIEW DR
City-St-Zip: SEBASTIAN, FL 32958

Title: DS ( ) Delete
Name: GARAREDIAN, MARILYN
Address: 44 COLCHESTER COMMONS
City-St-Zip: COLCHESTER, CT 06415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GLENN GOODFELLOW MR. 02/19/2009

Electronic Signature of Signing Officer or Director — Date