

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005545

FILED
Jul 17, 2008
Secretary of State

Entity Name: LAST MINUTE TRANSACTIONS, INC.

Current Principal Place of Business:

2145 HAMILTON AVE
SAN JOSE, CA 95125

New Principal Place of Business:

Current Mailing Address:

2145 HAMILTON AVE
SAN JOSE, CA 95125

New Mailing Address:

FEI Number: 20-8447957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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: TSAKALAKIS, CHRIS
Address: 2145 HAMILTON AVENUE
City-St-Zip: SAN JOSE, CA 95125

Title: DS () Delete
Name: LEVEY, BRIAN
Address: 2145 HAMILTON AVENUE
City-St-Zip: SAN JOSE, CA 95125

Title: D () Delete
Name: GREEN, JULIAN
Address: 2145 HAMILTON AVENUE
City-St-Zip: SAN JOSE, CA 95125

Title: T () Delete
Name: PAGE, ANDREW
Address: 2145 HAMILTON AVENUE
City-St-Zip: SAN JOSE, CA 95125

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: T (X) Change () Addition
Name: AREND, CAROLYN
Address: 2145 HAMILTON AVENUE
City-St-Zip: SAN JOSE, CA 95125

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: BRIAN LEVEY

DS

07/17/2008

Electronic Signature of Signing Officer or Director

Date