

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000718

Entity Name: LIVETRAVEL INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

1039 ELLIS ST.  
STEVENS POINT, WI 54481

## New Principal Place of Business:

## Current Mailing Address:

1039 ELLIS ST.  
STEVENS POINT, WI 54481

## New Mailing Address:

FEI Number: 39-1611328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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: PT ( ) Delete  
Name: ROSE, JOHN M.  
Address: 1039 ELLIS ST.  
City-St-Zip: STEVENS POINT, WI 54481

Title: D ( ) Delete  
Name: NOEL, JOHN M.  
Address: 1039 ELLIS ST.  
City-St-Zip: STEVENS POINT, WI 54481

Title: D ( ) Delete  
Name: BRICKMAN, SHELDON  
Address: 175 WATER ST.  
City-St-Zip: NEW YORK, NY 10038

Title: D ( ) Delete  
Name: KUTLEDGE, JEFFREY  
Address: 70 PINE ST.  
City-St-Zip: NEW YORK, NY 10270

Title: S ( ) Delete  
Name: TUCK, ELIZABETH  
Address: 5 HOLLY CT.  
City-St-Zip: MELVILLE, NY 11747

## 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:

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: JOHN ROSE

CEO

03/30/2009

Electronic Signature of Signing Officer or Director

Date