

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F56023

FILED
Apr 24, 2006
Secretary of State

Entity Name: ALL TRAVEL DESIGNS, INC.

Current Principal Place of Business:

2250 STATE ROAD 580, SUITE 5
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

2250 STATE ROAD 580, SUITE 5
CLEARWATER, FL 33763 US

New Mailing Address:

FEI Number: 59-2139563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, OWEN A
1348 DINSMORE COURT
NEW PORT RICHEY, FL 34655 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: CPD () Delete
Name: STEWART, OWEN A
Address: 1348 DINSMORE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DV () Delete
Name: BROWN, GARY L
Address: 7318 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DV () Delete
Name: MORGAN, JOSEPH
Address: 6500 SUNSET WAY #310
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

Title: DVS () Delete
Name: DEVNANI, SALU
Address: 785 N. BAYSHORE DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: STEWART, FRANCES
Address: 1348 DINSMORE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

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 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: FRANCES STEWART

T

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date