


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # F92000000982 1. Entity Name WELCOME ABOARD TRAVEL SERVICES, INC.	
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Principal Place of Business 804 CYPRESS BLVD #404 BLDG 92 POMPAÑO BEACH, FL 33069 US	Mailing Address 804 CYPRESS BLVD #404 BLDG 92 POMPAÑO BEACH, FL 33069 US
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2429941	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOVNAT, LORRAINE M 804 CYPRESS BLVD #404 BLD 92 POMPAÑO BEACH, FL 33069

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when canceling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	POD KOVNAT, LORRAINE M 804 CYPRESS BLVD., #404, BLDG. 92 POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY ST ZIP	V KOVNAT, ARTHUR S 804 CYPRESS BLVD., #404, BLDG. 92 POMPAÑO BEACH, FL 33069
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02/12/05-80041-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine M Kovnat* 1/29/05 934-974-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #