

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000879

FILED
Apr 21, 2006
Secretary of State

Entity Name: TRAVEL AND TRANSPORT, INC.

Current Principal Place of Business:

2120 S. 72ND ST.
STE 450
OMAHA, NE 68124

New Principal Place of Business:

Current Mailing Address:

2120 S. 72ND ST.
STE 450
OMAHA, NE 68124

New Mailing Address:

FEI Number: 47-0355040

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 DRIVE
SUITE 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: D () Delete
Name: KINEEN, JAMES P
Address: 1806 N. 101ST STREET
City-St-Zip: OMAHA, NE 68114

Title: DV () Delete
Name: FLEMING, TIMOTHY
Address: 2120 S. 72ND STREET, SUITE 700
City-St-Zip: OMAHA, NE 68124

Title: P () Delete
Name: TECH, WILLIAM H
Address: 2120 S 72ND ST, STE 700
City-St-Zip: OMAHA, NE 68124

Title: CD () Delete
Name: GEHRING, STEPHEN E
Address: 1125 S 103RD STREET SUITE 720
City-St-Zip: OMAHA, NE 68124

Title: VTD () Delete
Name: O'MALLEY, KEVIN M
Address: 2120 S. 72ND STREET, SUITE 700
City-St-Zip: OMAHA, NE 68124

Title: VSD () Delete
Name: MOCK, JOHN H
Address: 2120 S. 72ND STREET, SUITE 700
City-St-Zip: OMAHA, NE 68124

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:

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: JAMES M WINTERSCHIED

CONT

04/21/2006

Electronic Signature of Signing Officer or Director

Date