

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001901

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ADELMAN TRAVEL SYSTEMS, INC.

**Current Principal Place of Business:**

6980 N PORT WASHINGTON  
MILWAUKEE, WI 53217

**New Principal Place of Business:**

**Current Mailing Address:**

6980 N PORT WASHINGTON  
MILWAUKEE, WI 53217

**New Mailing Address:**

FEI Number: 59-2247604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SYMMONDS, ANN L  
1001 E PALM AVE  
TAMPA, FL 33606      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: DPT ( ) Delete  
Name: ADELMAN, CRAIG B  
Address: 6980 N PORT WASHINGTON  
City-St-Zip: MILWAUKEE, WI 53217

Title: D (X) Delete  
Name: KAHN, GERALD J ESQ.  
Address: 780 N. WATER ST.  
City-St-Zip: MILWAUKEE, WI 53202

Title: VSD ( ) Delete  
Name: ADELMAN, ALBERT  
Address: 6980 N PORT WASHINGTON RD  
City-St-Zip: MILWAUKEE, WI 53217

Title: D (X) Delete  
Name: DUNHAM, MICHAEL  
Address: 1200 W. PARK PL.  
City-St-Zip: MILWAUKEE, WI 53222

Title: D (X) Delete  
Name: FROMSTEIN, MITCHELL S  
Address: 5301 N. IRONWOOD RD.  
City-St-Zip: MILWAUKEE, WI 53217

Title: COO ( ) Delete  
Name: CHAIKEN, ROBERT M  
Address: 6980 N PORT WASHINGTON RD  
City-St-Zip: MILWAUKEE, WI 53217

**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 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: CRAIG ADELMAN

DPT

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date