

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005069

Entity Name: AMERICA'S TRAVEL COMPANIES, INC.

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

5204 SO. PROCYON AVE.
LAS VEGAS, NV 89118

New Principal Place of Business:

5160 S. VALLEY VIEW BLVD.
SUITE 112
LAS VEGAS, NV 89118

Current Mailing Address:

5204 SO. PROCYON AVE.
LAS VEGAS, NV 89118

New Mailing Address:

5160 S. VALLEY VIEW BLVD.
SUITE 112
LAS VEGAS, NV 89118

FEI Number: 88-0280067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURGEOIS, MARY
601 E. BURGESS ROAD, STE. F-5
PENSACOLA, FL 32504 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: PD () Delete
Name: MAY, LEO J
Address: 5204 S PROCYON AVE
City-St-Zip: LAS VEGAS, NV 89118

Title: TSD () Delete
Name: THOMAS, CAROLINE
Address: 5204 S. PROCYON AVE.
City-St-Zip: LAS VEGAS, NV 89118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAY, LEO J
Address: 5160 S. VALLEY VIEW BLVD., SUITE 112
City-St-Zip: LAS VEGAS, NV 89118 US

Title: TSD (X) Change () Addition
Name: LEDESMA, CECILIA
Address: 5160 S. VALLEY VIEW BLVE. SUITE 112
City-St-Zip: LAS VEGAS, NV 89118 US

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: LEO J. MAY

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date