2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75744

Entity Name: 7ENITH TRAVEL CONSULTANTS INC

FILED Apr 20, 2006 Secretary of State

| Littly Name. ZENITH | TRAVEL CONSOLIANTS, INC | <i>)</i> . | |
|--|----------------------------------|---|--------------------------------------|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| 195 SOUTH WESTMON' SUITE 1124 ALTAMONTE SPRINGS, | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 195 SOUTH WESTMON' SUITE 1124 ALTAMONTE SPRINGS, | | | |
| FEI Number: 59-2353872 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| SCHIFF, ZENA 1319 W. WEBSTER ST. ORLANDO, FL 32804 | US | | |
| The above named entity sin the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signature of Registered Agent | | | Date |
| Election Campaign Financing | g Trust Fund Contribution (). | | |

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BROWN, MARCY S MS.

ORLANDO, FL 32804

1725 TURNBERRY TERRACE

(X) Change () Addition

() Change () Addition

Title: DVS () Delete BROWN, MARCY S MS. Name: 1010 WINDERLY PLACE #137 Address:

City-St-Zip: MAITLAND, FL 32751

Title: PTD () Delete SCHIFF, ZENA MRS. Name: Address: 1319 W. WEBSTER ST.

ORLANDO, FL City-St-Zip:

Title: Name: Address: City-St-Zip:

Title:

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: MARCY S. BROWN DVS 04/20/2006