2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# G78196

Entity Name: TRAVEL GALLERY, INC.

Current Principal Place of Business:

5343 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5343 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-2382601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILBREATH, NOEL R
1431 E GLENDALE
LAKELAND, FL 33803 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: GILBREATH, NOEL R,
Address: 1431 E GLENDALE
City-St-Zip: LAKELAND, FL

Title: P ( ) Delete
Name: HALL, REGAN E
Address: 4322 ROLLING OAK DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VPST ( ) Delete
Name: MAXON, CHERYL L,
Address: 2942 PAUL BUCHMAN HWY
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GILBREATH, NOEL R MR
Address: 1431 E GLENDALE
City-St-Zip: LAKELAND, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPST (X) Change ( ) Addition
Name: MAXON, CHERYL L MRS
Address: 2942 PAUL BUCHMAN HWY
City-St-Zip: ZEPHYRHILLS, FL 33540

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: CHERYL L MAXON VP 03/22/2007

Electronic Signature of Signing Officer or Director — Date