
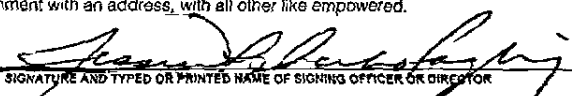


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H50903</b> 1. Entity Name <b>MERCURY TRAVEL, INC.</b>		
Principal Place of Business <b>8788 SW 8 STREET</b> <b>MIAMI, FL 33174 US</b>	Mailing Address <b>8788 SW 8 STREET</b> <b>MIAMI, FL 33174 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
 03102006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>59-2519415</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ACEBO-PAGLIERY, JESSICA</b> <b>8788 SW 8 STREET</b> <b>MIAMI, FL 33174</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		000000479091 04/08/06-80031-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ACEBO-PAGLIERY, JESSICA</b> <b>8788 SW 8 STREET</b> <b>MIAMI, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>ACEBO, OMNIS B</b> <b>8788 SW 8 STREET</b> <b>MIAMI, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b>  <b>3/15/06 305-223-2244</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone</small></span>		