

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J44811 1 Entity Name THE TRAVEL STATION, INC.	
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Principal Place of Business 10242 N.W. 47TH ST. SUITE 37 SUNRISE, FL 33351	Mailing Address 10242 N.W. 47TH ST. SUITE 37 SUNRISE, FL 33351
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FILED
 2008 APR 29 PM 3:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04142008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-2743536	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS INC.
 3732 N.W. 16TH ST.
 FORT LAUDERDALE, FL 33311

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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00

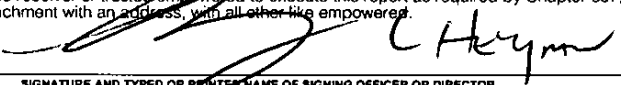
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	HEYMAN, BONNIE
REGISTERED ADDRESS	10242 N.W. 47TH ST, SUITE 37
CITY-STATE-ZIP	SUNRISE, FL 33351
TITLE	V
NAME	HEYMAN, LESLIE
REGISTERED ADDRESS	3732 NW 16TH ST
CITY-STATE-ZIP	FT LAUDERDALE, FL 33311
TITLE	VP
NAME	HEYMAN, TRACIE
REGISTERED ADDRESS	3732 NW 16TH ST
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
REGISTERED ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
REGISTERED ADDRESS	
CITY-STATE-ZIP	

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300126996928
 04/30/08--01002--023 **150.00

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.

SIGNATURE:  4/15/08 954 791 2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #