2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73127

FILED Jan 04, 2007 Secretary of State

Entity Name: FLORIDA EAST COAST TRAVEL SERVICES, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:	
	3.HOBBS / 98TH AVE GARDENS, FL 33016	12175 NW 98TH AVE HIALEAH GARDENS, FL 33016	
Current Mailing Address:		New Mailing Address:	
12175 NW	3. HOBBS 198TH AVE GARDENS, FL 33018	12175 NW 98TH AVE HIALEAH GARDENS, FL 33018	
FEI Number	: 59-2814838 FEI Number Applied Fo	() FEI Number Not Applicable () Certificate of Status Desire	ed (X)
Name and	l Address of Current Registered Ag	ent: Name and Address of New Registered Agent:	
12175 NW	OSEPH B / 98TH AVE GARDENS, FL 33018 US		
	named entity submits this statement e of Florida.	or the purpose of changing its registered office or registered agent,	or both,
SIGNATUI	RE:		
	Electronic Signature of Registe	red Agent Date	
Election Ca	mpaign Financing Trust Fund Contribution	().	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR
OFFICER: Title: Name: Address: City-St-Zip:	P () Delete ROU, H JENNINGS II PO DWR 1130 EUSTIS, FL	ADDITIONS/CHANGES TO OFFICERS AND DI Title: () Change () Addition Name: Address: City-St-Zip:	RECTOF
Title: Name: Address:	P () Delete ROU, H JENNINGS II PO DWR 1130	Title: () Change () Addition Name: Address:	RECTOF
Title: Name: Address: City-St-Zip: Title: Name: Address:	P () Delete ROU, H JENNINGS II PO DWR 1130 EUSTIS, FL ST () Delete HOBBS, JOSEPH B 12175 NW 98TH AVENUE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	RECTOF
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Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address: Address: Name: Address:	P () Delete ROU, H JENNINGS II PO DWR 1130 EUSTIS, FL ST () Delete HOBBS, JOSEPH B 12175 NW 98TH AVENUE HIALEAH GARDENS, FL 33018 D () Delete ROWE, MORGAN 4401 E COLONIAL DRIVE ORLANDO, FL 32814 D () Delete RUSSO, JOSEPH RT 9W	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: CINDY, CLARK Address: P.O. BOX 1439 City-St-Zip: COLORADO SPRING, CO 809011439 Title: () Change () Addition Name: Address: () Change () Addition	RECTOF

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: JOSEPH B HOBBS ST 01/04/2007