

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73757

FILED
Apr 18, 2005
Secretary of State

Entity Name: TRAVEL AGENTS INTERNATIONAL, INC.

Current Principal Place of Business:

1405 XENIUM LANE NORTH
PLYMOUTH, MN 55441 US

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
PO BOX 59159
MINNEAPOLIS, MN 554598250

New Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 59159
MINNEAPOLIS, MN 554598250

FEI Number: 59-3000782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: BATT, MICHAEL
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: VP () Delete
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: EV () Delete
Name: BLOCK, ROGER
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: S () Delete
Name: HOGAN, GERALD W
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: D () Delete
Name: NELSON, MARILYN C
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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 Section 119.07(3)(i), 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: ROGER BLOCK

EV

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date