2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# K11530

Entity Name: WOW! TRAVEL, INC.

Current Principal Place of Business:

1110 NE 163 ST.
SUITE 303
MIAMI, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1110 NE 163 ST.
SUITE 303
MIAMI, FL 33162 US

New Mailing Address:

FEI Number: 65-0022058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, DONNA L.
1110 NE 163 STREET
SUITE 303
MIAMI, FL 33162 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: WILLIAMS, DONNA L.,
Address: 1110 NE 163 STREET
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete
Name: WILLIAMS, CHRISTOPHER
Address: 3809 S SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: WILLIAMS, NOEL B
Address: 901 HILCREST DR BLDG 19 # 301
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WILLIAMS, CHRISTOPHER B
Address: 3809 S SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change ( ) Addition
Name: WILLIAMS, NOEL B
Address: 1090 CLARA AVENUE
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Change (X) Addition
Name: WILLIAMS, DANIEL G
Address: 6639 LENCZYK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Change (X) Addition
Name: WILLIAMS, DAVID R
Address: 174 CHURCHILL AVE
City-St-Zip: SATELITTE BEACH, FL 32937

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: DONNA L. WILLIAMS D 03/01/2006
Electronic Signature of Signing Officer or Director Date