

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11530

FILED
Jan 14, 2008
Secretary of State

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:

16300 N E 19 AVE
SUITE 109
MIAMI, FL 33162 US

Current Mailing Address:

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

New Mailing Address:

16300 N E 19 AVENUE
SUITE 109
MIAMI, FL 33162 US

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:

WILLIAMS, DONNA L.
16300 N E 19 AVENUE
SUITE 109
MIAMI, FL 33162 US

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:

01/14/2008

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 B
Address: 1791 PROSPECT AVENUE
City-St-Zip: ORLANDO, FL 32814

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, DONNA L.,
Address: 16300 N E 19 AVENUE SUITE 109
City-St-Zip: MIAMI, FL 33162

Title: D (X) Change () Addition
Name: WILLIAMS, CHRISTOPHER B
Address: 1741 PROSPECT AVENUE
City-St-Zip: ORLANDO, FL 32814

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 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

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date