

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11530

Entity Name: WOW! TRAVEL, INC.

FILED  
Apr 06, 2009  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

9715 N NEW RIVER CANAL RD  
#404  
PLANTATION, FL 33324 US

## New Mailing Address:

9715 N NEW RIVER CANAL RD  
#404  
PLANTATION, FL 33324 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.  
16300 N E 19 AVENUE  
SUITE 109  
MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

WILLIAMS, DONNA L.  
9715 N NEW RIVER CANAL RD  
#404  
PLANTATION, FL 33324 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: DONNA L. WILLIAMS

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete  
Name: WILLIAMS, CHRISTOPHER B  
Address: 1741 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: 9715 N NEW RIVER CANAL RD #404  
City-St-Zip: PLANTATION, FL 33324

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 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

04/06/2009

Electronic Signature of Signing Officer or Director

Date