2003 FOR PROFIT CORPORATION

FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90119 046 ***150.00

UNIFURM	DUSINESS	NEPUNI	(UDK)
DOCUMENT # 1. Entity Name TRAVEL BUG, INC.	L23890		

INAVEL	BUG, INC.							
P.O. BOX 210	e of Business 12 ROVE FL 33233	P.Q. BC	Address OX 2102 IUT GROVE FL 332	233				
2. Principal F	Place of Business	3. Mailin	g Address		_			
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	CHECK HERE IF M.	AKING C	HANGES	
City & Stat	е	City &	State		4. FEI Number 65-0158568	·		oplied For ot Applicable
Zip	- Country	Zip	الانتهاء أسمأ عباسم	Country	5. Certificate of Status Desired	J Fe	3.75 Add e Require	
	6. Name and Address of Curren	nt Registered	Agent		7. Name and Address of New Regist	tered Age	ent	
	ON BOLEC IANIOE		بيوسيد وارتساء السند	Name				
	ON-BOLES, JANICE			Street Address	(P.O. Box Number is Not Acceptable)			·
	OUIA STREET							
CORAL G	ABLES FL 33134			Ì				•
				City		FL	Zip Cod	е
8. The above	named entity submits this statement	for the purpos	se of changing its	registered office or registe	red agent, or both, in the State of Florida.	I am farr	iliar with,	and accept
the congar	iona of registered again.							
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if anning	able (NOTE	: Registered Agent signature require	nd when rainstating)	DATE		
		The direct mappings			a witch to realize the property of the propert			
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financia	na	6 E 0	
	. M 4. 2002 P.A. WIN M. CEER CE	`			3. Election campaign manch	ny	3 3.u	U Mav Be
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department	I			Trust Fund Contribution.			0 May Be to Fees
Make Check	Payable to Florida Department	of State	2	11	Trust Fund Contribution.		Added	to Fees
Make Check	C Payable to Florida Department OFFICERS AN	of State		11.		S AND DI	Addec	to Fees
Make Check	Payable to Florida Department	of State	S Delete	11. TITLE NAME	Trust Fund Contribution.	S AND DI	Added	to Fees
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gues not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if legiste emporered. r nereoy cerury mat, the information supplied with this filin indicated on this report or supplemental report is true an of the corporation or the recover or trusted employees of changed, or on an attachment with an address,

SIGNATURE:

DIRED JANKE PATTERSON BOLES 4/2/03 305 443 4356