


**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90037 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L64753**  
 1. Entity Name  
**TRAVEL CONNECTIONS UNLIMITED, INC.**



Principal Place of Business 3090 ALUMA AVE #125 WINTER PARK, FL 32792	Mailing Address 7611 S ORANGE BLOSSOM TREIL 145 ORLANDO, FL 32809
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90130860



2. Principal Place of Business	3. Mailing Address <i>4114 Delray Ave.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State <i>Orlando FL.</i>	4. FEI Number <b>59-3002545</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32839</i>	Country <i>Orange</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GOLDBERG, INGRID  
 A PLUS ACCTNG  
 118 W ORANGE ST, STE 100  
 ALTAMONTE SPRINGS, FL 32714

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CURRY, HILDA</b>
STREET ADDRESS	<b>3090 ALOMA AVE SUITE 125</b>
CITY-ST-ZIP	<b>WINTER PARK, FL 32792.</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>CURRY, NESS</b>
STREET ADDRESS	<b>3090 ALOMA AVE SUITE 125</b>
CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ness Curry* *Ness Curry* **4/10/03** **4076795499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)