2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18321

FILED Jan 24, 2007 Secretary of State

| Entity Nai | ne: TIME TRA | VEL OF POMPANO BEACH, | INC. | | | | |
|---|---|---------------------------------|---|--|--------------------------|--------------|--|
| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | | |
| 3800 INVE #206 | RRARY BLVD | | | | | | |
| | ILL, FL 33319 | US | | | | | |
| Current M | ailing Address | s: | New Maili | New Mailing Address: | | | |
| 3800 INVE 206 | RRARY BLVD | | | | | | |
| | ILL, FL 33319 | US | | | | | |
| FEI Number: | 59-2551775 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status De | sired () | |
| Name and | Address of Cu | urrent Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| 6201 NOR | CHARLOTTE TH FALLS CIRO ILL, FL 33319 | CLE DR #401 US | | | | | |
| | named entity so of Florida. | ubmits this statement for the p | ourpose of changing i | ts registered of | fice or registered age | nt, or both, | |
| SIGNATU | | | | | | | |
| | | c Signature of Registered Age | ent | Date | | | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | | | |
| OFFICER | S AND DIRECT | ORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | OLSSEN, CHARI | LLS CIRCLE DR #401 | Title: Name: Address: City-St-Zip: | OLSSEN, CHAR | LLS CIRCLE DR #401 | | |
| Title: Name: Address: City-St-Zip: | P () I LIGHTBOURN, L 6201 N FALLS C LAUDERHILL, FL | CIR DR #401 | Title: Name: Address: City-St-Zip: | FARINO, KENNE | R DR., APT. #308 | | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | S () LOCKHART, ANA 210 LAKEVIEW WESTON, FL 33 | DR., APT. # 307 | | |
| | | | | | | | |

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: ANA LOCKHART 01/24/2007 S