

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002569

FILED
Apr 10, 2009
Secretary of State

Entity Name: CERTIFIED TRAVEL PROFESSIONALS, INC.

Current Principal Place of Business:

1526 RIVERBEND DR.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

1526 RIVERBEND DR.
LABELLE, FL 33935

New Mailing Address:

FEI Number: 51-0479520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILPHEN, PETER
1526 RIVERBEND DR.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STILPHEN, PETER
Address: 1526 RIVERBEND DR.
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: STILPHEN, BILLIE
Address: 1526 RIVERBEND DR.
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: PICKET, RUSSELL
Address: 2131 WESTRIVERS RD.
City-St-Zip: CHARLESTON, SC 29412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER STILPHEN

CEO

04/10/2009

Electronic Signature of Signing Officer or Director

Date