2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001893

FILED Apr 02, 2009 Secretary of State

Entity Name: TRAVELERS REST ACTIVITIES GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

29129 JOHNSTON ROAD DADE CITY, FL 33523

Current Mailing Address: New Mailing Address:

29129 JOHNSTON ROAD DADE CITY, FL 33523

FEI Number: 59-3605060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 KELLAR, S. LEE
 GUNDRUM, JOAN

 29129 JOHNSTON ROAD
 29129 JOHNSTON ROAD

 21-16
 21-16

 DADE CITY, FL 33523 US
 DADE CITY, FL 33523 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: JOAN GUNDRUM 04/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CONNELL, COLIN BUCHSER, DONALD Name: Name: 29129 JOHNSTON RD 2644 Address: 29129 JOHNSTON RD 2644 15-28 Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 Title: VD () Delete Title: () Change () Addition MORRISON, NANCY Name: Name: Address: 29129 JOHNSTON RD 01-09 Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip:

Title: D () Delete Title: () Change () Addition Name: BROWN, MELVILLE Name:

 Name
 BROWN, MELVILLE
 Name.

 Address:
 29129 JOHNSTON RD 0616
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 NEWTON, RICHARD
 Name:

 Address:
 29129 JOHNSTON RD 2029
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: SD () Delete Title: D (X) Change () Addition

Name: KELLAR, LEE S Name: CARMICHAEL, MAX

Address: 29129 JOHNSTON ROAD, #21-16 Address: 29129 JOHNSTON ROAD 2629

City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523

Title: () Delete Title: (X) Change () Addition HARDLEY, GARY MORRISON, NANCY Name: Name: Address: 29129 JOHNSTON RD 5-17 Address: 29129 JOHNSTON RD 01-09 DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 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: RANDALL DOELL GM 04/02/2009