

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90092 043 \*\*\*158.75

<b>DOCUMENT # P00000007521</b> 1. Entity Name <b>SHIP TO SHORE TRAVEL, INC.</b>					
Principal Place of Business <b>192 CITRUS TRLS. CIRCLE BOYNTON BEACH, FL 33436</b>			Mailing Address <del>1295 LANDS-END RD</del> <b>A BOYNTON BEACH, FL 33436</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>192 CITRUS TRAILS CIRCLE</b> Suite, Apt. #, etc.		
City & State			City & State <b>BOYNTON BEACH</b>		
Zip <b>33436</b>		Country		4. FEI Number <b>65-0981322</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRIGNOLA, ROSE MARIE 192 CITRUS TRLS. CIRCLE BOYNTON BEACH, FL 33436</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRIGNOLA, ROSE MARIE 192 CITRUS TRLS. CIRCLE BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>Rose Marie Brignola</i> President 4-11-05 501-585-4434</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROSE MARIE BRIGNOLA</b>					