


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90038 012 \*\*\*158.75

<b>DOCUMENT # P00000007521</b> 1. Entity Name <b>SHIP TO SHORE TRAVEL, INC.</b>					
Principal Place of Business <b>192 CITRUS TRL. CIRCLE BOYNTON BEACH, FL 33436</b>			Mailing Address <b>192 CITRUS TRAILS CIRCLE BOYNTON BEACH, FL 33436</b>		
2. Principal Place of Business - No P.O. Box # <b>4590 A Laurel Tree Road</b>		3. Mailing Address <b>4590 A Laurel Tree Road</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Boynton Beach, Fl</b>		City & State <b>Boynton Beach, Fl</b>		4. FEI Number <b>65-0981322</b>	
Zip <b>33436</b>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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) <b>4590 A Laurel Tree Road</b> City <b>Boynton Beach</b> <b>FL</b> Zip <b>33436</b>	
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) Signature of typing or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>BRIGNOLA, ROSE MARIE 192 CITRUS TRLS. CIRCLE BOYNTON BEACH, FL 33436</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4590 A Laurel Tree Road Boynton Beach, FL 33436</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> ROSE MARIE BRIGNOLA 3-20-08 301-585-4434</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					