2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# P00000054927

Entity Name: PREMIER GETAWAYS, INC.

Current Principal Place of Business:

4700 LB MCLEOD ROAD
B2
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

3150 139TH AVENUE SE
C/O EXPEDIA, INC. LEGAL DEPT.
BELLEVUE, WA 98005

New Mailing Address:

FEI Number: 59-3654286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: MAJORS, KEN
Address: 9074 HARBOR ISLE DR.
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: KHOSROWSHAHI, DARA
Address: 3150 139TH AVE SE
City-St-Zip: BELLEVUE, WA 98005

Title: SD ( ) Delete
Name: NORTON, BURKE F
Address: 3150 139TH AVENUE SE
City-St-Zip: BELLEVUE, WA 98005

Title: T ( ) Delete
Name: MYERS, BRET
Address: 3150 139TH AVENUE SE
City-St-Zip: BELLEVUE, WA 98005

Title: AS ( ) Delete
Name: WEAVER, AMY E
Address: 3150 139TH AVENUE SE
City-St-Zip: BELLEVUE, WA 98005

Title: CFO ( ) Delete
Name: ADLER, MICHAEL B
Address: 3150 139TH AVENUE SE
City-St-Zip: BELLEVUE, WA 98005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: KHOSROWSHAHI, DARA
Address: 3150 139TH AVE SE
City-St-Zip: BELLEVUE, WA 98005

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: HAAS, STUATE S
Address: 3150 139TH AVENUE SE
City-St-Zip: BELLEVUE, WA 98005

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

SIGNATURE: AMY E. WEAVER VP 02/07/2008

Electronic Signature of Signing Officer or Director — Date