

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080435

FILED
Mar 07, 2006
Secretary of State

Entity Name: TRAVEL & TOURS MARKETING, INC.

Current Principal Place of Business:

5950 LAKEHURST DR.
SUITE 241
ORLANDO, FL 32809

New Principal Place of Business:

7800 SOUTHLAND BLVD
SUITE 104
ORLANDO, FL 32819

Current Mailing Address:

P O BOX 771444
ORLANDO, FL 32877 US

New Mailing Address:

P O BOX 771444
ORLANDO, FL 32877 US

FEI Number: 59-3676141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCE, LUIS
P.O. BOX 771444
ORLANDO, FL 32877 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 () Delete
Name: ARCE, LUIS A
Address: P.O BOX 771444
City-St-Zip: ORLANDO, FL 32877

Title: VP () Delete
Name: ARCE, YOLANDA
Address: P.O BOX 771444
City-St-Zip: ORLANDO, FL 32877

Title: S () Delete
Name: ARCE, YOLANDA
Address: P.O BOX 771444
City-St-Zip: ORLANDO, FL 32877

Title: T () Delete
Name: ARCE, LUIS A
Address: P.O BOX 771444
City-St-Zip: ORLANDO, FL 32877

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS A. ARCE

P

03/07/2006

Electronic Signature of Signing Officer or Director

Date