


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUL 27 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---------------------------------------|---|
| DOCUMENT # P00000106286 |  |
| 1. Entity Name TRAVEL QUOTES, INC. | |

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| Principal Place of Business 1427 PONCE DE LEON CORAL GABLE, FL 33134 | Mailing Address 1427 PONCE DE LEON CORAL GABLE, FL 33134 |
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| 2. Principal Place of Business 4201 SW 11 ST Suite, Apt. #, etc. | 3. Mailing Address 4201 SW 11 ST Suite, Apt. #, etc. |
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|---------------------------------|---------------------------------|
| City & State CORAL GABLES FL | City & State CORAL GABLES FL |
| Zip 33134 | Country USA |

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|--|--|
| 6. Name and Address of Current Registered Agent MENDEZ, ROSSANNA 1427 PONCE DE LEON BLVD. CORAL GABLE, FL 33134 | |
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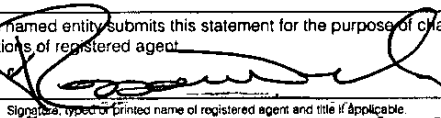


07102006 Chg-P CR2E034 (11/05)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4201 SW 11 ST City CORAL GABLES FL Zip Code 33134 | |
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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.

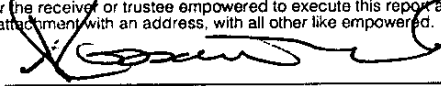
SIGNATURE:  DATE: 7-10-06

(NOTE: Registered Agent signature required when reinstating)

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD MENDEZ, ROSSANA 1427 PONCE DE LEON CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 SW 11 ST CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALVAREZ, ALEXANDRA 1427 PONE DE LEON MIAMI, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 SW 11 ST CORAL GABLES FL 33134 |
| 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 800078467878 08/08/06--01028--010 **150.00 |
| 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 |
| 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 |
| 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.

SIGNATURE:  DATE: 7-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel AUG 01 2006