


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90342 022 ***150.00

DOCUMENT # P00000114049

1. Entity Name
TRAVELER MOTEL, INC.



Principal Place of Business
**408 EAST SHORE DRIVE
 CLEARWATER BEACH, FL 33767**

Mailing Address
**408 EAST SHORE DRIVE
 CLEARWATER BEACH, FL 33767**

2. Principal Place of Business
649 Highway 40W

3. Mailing Address
649 Highway 40 W.

Suite, Apt. #, etc.



03132006 Chg-P CR2E034 (11/05)

City & State
Inglis, FL

City & State
Inglis, FL

Zip
34449-9316

Country
USA

4. FEI Number
59-3688829

Applied For
 Not Applicable

5.-Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAY, EDWIN
 408 EAST SHORE DRIVE
 CLEARWATER BEACH, FL 33767**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
649 HIGHWAY 40 W

City **Inglis** FL Zip Code **34449**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, EDWIN 408 EAST SHORE DRIVE CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 649 HIGHWAY 40 W Inglis, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, LEA 408 EAST SHORE DRIVE CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 649 HIGHWAY 40 W Inglis, FL 34449
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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.

SIGNATURE: Edwin Day **4-7-06** **352 447-7463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #