2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P01000041412 1. Entity Name 04-19-2007 90211 011 ***150.00 AVANTI TRAVEL ADVISORS, INC. Principal Place of Business Mailing Address 322 PABLO RD. 322 PABLO RD. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1/0 CUELLA COURT 110 CUELLO COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 202 202 4. FEI Number 65-1097683 City & State Applied For ONTE VEDRA BEACH FLPONTE VEDRA BEACH Not Applicable Country USA \$8.75 Additional 32082 5. Certificate of Status Desired UDA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RABERT A, MARATTA MAROTTA, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 322 PABLO RD. PONTE VEDRA BEACH FL 32082 CITYPOHTE VERRA BEACH 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. | am familiar with, and accept the obligations of registered agent name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE □ Defete THIE Change 🗶 ☐ Addition MAROTTA, ROBERT A NAME NAME 110 CUELL- COURT #202 322 PABLO RD. STREET ADDRESS STRELT ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY ST-ZIP Delete THLE ☐ Change ☐ Addition O'BRIEN, PATRICIA A NAME NAME 8129 SEVEN MILE RD. STREET ADORESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-7IP CITY - ST- ZIP TITLE ST ☐ Delete TITLE ☐ Change Addition O'BRIEN, PETER NAM 8129 SEVEN MILE RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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.

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SIGNATURE:

FILED

4/12/07