


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000042789	
1. Entity Name AMERICA'S TRAVEL NETWORK, INC.	

Principal Place of Business 50 RIVER TRAIL DRIVE PALM COAST, FL 32137 US	Mailing Address 50 RIVER TRAIL DRIVE PALM COAST, FL 32137 US
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04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0122784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GEIGER, JOHN R ESQ 4475 US 1 S., #406 ST. AUGUSTINE, FL 32086

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P NAME OSTAPKO, ROY STREET ADDRESS 50 RIVER TRAIL DRIVE CITY-ST-ZIP PALM COAST, FL 32137	
TITLE VP NAME OSTAPKO, LAURA STREET ADDRESS 50 RIVER TRAIL DR CITY-ST-ZIP PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Signature of Officer or Director [Signature] U00000747336 05/17/07-80021-022 158.75

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: [Signature] **386-237-1699 386-445-2879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #