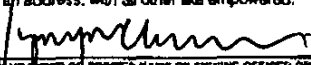


FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90003 019 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000043432		
1. Entity Name EXECUTIVE TRAVELWARE, INC.		
Principal Place of Business 12801 W. SUNRISE BLVD. SUITE 127 SUNRISE, FL 33323 US		Mailing Address 12801 W. SUNRISE BLVD. SUITE 127 SUNRISE, FL 33323 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VIJAY, MELWANI M 1700 NW 96TH AVENUE PLANTATION, FL 33322		40099932  07122008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1120841
		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
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 the filer (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELWANI, VIJAY 1700 NW 96TH AVENUE PLANTATION, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7/12/06 Daytime Phone #

ATTACHMENT

40099932

#P01000043132

To whom it may concern.

I did not receive this

notice so kindly

waiue the penalty

this one time. Thank

you.