## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000061773

Name:

Address:

City-St-Zip:

16367 92ND LANE N.

LOXAHATCHEE, FL 33470 US

Entity Name: TRAVEL-ASCENDING, INC.

FILED Feb 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16367 92ND LANE N. LOXAHATCHEE, FL 33470 US **Current Mailing Address: New Mailing Address:** 16367 92ND LANE N. LOXAHATCHEE, FL 33470 US FEI Number: 65-1116277 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REESE, DONALD J 16367 92ND LANE N. LOXAHATCHEE, FL 33470 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition REESE, DONALD J Name: Name: 16367 92ND LANE N. Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 US City-St-Zip: ( ) Delete Title: VD Title: (X) Change ( ) Addition Name: REESE, DAVID J Name: REESE, DAVID J 91 1/2 BREESE ST 128 PINE ST Address: Address: PITTSTON, PA 18640 US WYOMING, PA 18644 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition SALVO, TINA M REESE, TINA M Name: Name: 128 PINE ST 128 PINE ST Address: Address: City-St-Zip: PITTSTON, PA 18640 US City-St-Zip: PITTSTON, PA 18640 US Title: ( ) Delete Title: () Change () Addition REESE, CHERIE L

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD J REESE PD 02/18/2005