

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90200 018 \*\*\*150.00

<b>DOCUMENT # P01000076265</b> 1. Entity Name <b>TRAVELHEADS, INC.</b>					
Principal Place of Business <b>4960 CONFERENCE WAY NORTH SUITE 100 BOCA RATON, FL 33431</b>			Mailing Address <b>4960 CONFERENCE WAY NORTH SUITE 100 BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1129982</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>See attached sheet.</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, GEORGE F 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Ahmad Wardak 4960 Conference Way North, Suite 100 Boca Raton, Florida 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALONEY, JOHN M 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PULEO, ANTHONY M 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, JAMES R 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERZ, ALLAN J 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DODD, TERRY 4960 CONFERENCE WAY NORTH, SUITE 100 BOCA RATON, FL 33431	<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.					
<b>SIGNATURE:</b>		<b>James R. Martin, Secretary</b>		<b>4-2-07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40069809



03232007 Chg-P CR2E034 (12/06)

**\$8.75** Additional  
Fee Required

ATTACHMENT  
40069809

#P01000076265-

travelheads, inc.

Officers:

John M. Maloney, President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

James R. Martin, Secretary  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo, Treasurer  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Allan J. Herz, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Terry Dodd, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony Puleo, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Ahmad Wardak, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Ray Lopez, Vice President  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Directors:

John M. Maloney  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Anthony M. Puleo  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431

Ahmad Wardak  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431