

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000014434</b> 1. Entity Name <b>TRAVEL IN STYLE LIMOUSINE INC.</b>	
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Principal Place of Business <b>785 HERON ROAD WESTON, FL 33326</b>	Mailing Address <b>785 HERON ROAD WESTON, FL 33326</b>
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01262007 No Chg-P CR2E034 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>90-0008899</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MANCINI, SALVATORE 785 HERON ROAD WESTON, FL 33326</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when releasing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MANCINI, SALVATORE 785 HERON ROAD WESTON, FL 33326</b>
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02/02/07-80072-017 150.00

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:**  **1-26-07** **954.384-1033**  
SIGNATURE AND TYPED OR PRINTED NAME OF GOVERNING OFFICER OR DIRECTOR Date Daytime Phone #