2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P02000103185

Entity Name: TRAVELONE INTERNATIONAL TOURS, INC.

Current Principal Place of Business:

8240 NW 52 TERR
SUITE 200
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8240 NW 52 TERR
SUITE 200
MIAMI, FL 33166

New Mailing Address:

FEI Number: 02-0644509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALDES, HECTOR
5001 COLLINS AVE APT 16E
MIAMI BCH, FL 33140 US

Name and Address of New Registered Agent:

VALDES, HECTOR
11251 NW 48 TERR
DORAL, FL 33178 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: HECTOR VALDES 05/01/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VALDES, HECTOR
Address: 5001 COLLINS AVE APT 16E
City-St-Zip: MIAMI BCH, FL 33140

Title: SD ( ) Delete
Name: CADRERA, OLGA
Address: 5001 COLLINS AVE APT 16E
City-St-Zip: MIAMI BCH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VALDES, HECTOR
Address: 11251 NW 48 TERR
City-St-Zip: DORAL, FL 33178

Title: SD (X) Change ( ) Addition
Name: CABRERA, OLGA
Address: 11251 NW 48 TERR
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: HECTOR VALDES PD 05/01/2007
Electronic Signature of Signing Officer or Director Date