


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 047 ***150.00

DOCUMENT # *PO2000130731*

1. Entity Name *CRNA TRAVELER INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1802 Columbia Dr.

3. Mailing Address
1802 Columbia Dr.

Suite, Apt. #, etc.

City & State
Winter Haven, Florida

City & State
Winter Haven, Florida

Zip
33881

Country
USA

Zip
33881

Country
USA

4. FEI Number
57-1141219

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

94043604

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
VICTORIA BODAJ

Street Address (P.O. Box Number is Not Acceptable)
1802 Columbia Dr.

City
Winter Haven

FL

Zip Code
33881

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 *Victoria Bodaj*

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

DATE
4/2/04

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PISIT</i>
NAME	<i>VICTORIA BODAJ</i>
STREET ADDRESS	<i>1802 Columbia Dr.</i>
CITY-ST-ZIP	<i>Winter Haven, FL 33881</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Victoria Bodaj* / *Victoria Bodaj* 4/2/04 (863) 293-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)