


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000133687 1. Entity Name DEDEE TRAVEL, INC.	
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Principal Place of Business 5610 NORTHWEST 174 DRIVE MIAMI, FL 33055-3539	Mailing Address 5610 NORTHWEST 174 DRIVE MIAMI, FL 33055-3539
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0055423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAMMS, EVA D 5610 NORTHWEST 174 DRIVE MIAMI, FL 33055-3539
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DO NOT WRITE 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAMMS, EVA D 5610 NORTHWEST 174 DRIVE MIAMI, FL 330553539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THOMAS, RORY C 5610 NORTHWEST 174 DRIVE MIAMI, FL 330553539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SAMMS, EVA D 5610 NORTHWEST 174 DRIVE MIAMI, FL 330553539
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000047648 02/12/04-80049-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Eva Doreen Samms* **February 6, 2004** **625-7934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #