2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000133687

1. Entity Name
DEDEE TRAVEL, INC.

Principal Place of Business	Mailing Address
5610 NORTHWEST 174 DRIVE MIAMI, FL 33055-3539	5610 NORTHWEST 174 DRIVE MIAMI, FL 33055-3539

DO NOT WRITE IN THIS SPACE

02202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
90-0055423	Not Applicable

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

6. Name and Address of Current Registered Agent

SAMMS, EVA D
5610 NORTHWEST 174 DRIVE
MIAMI, FL 33055-3539

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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: *Eva Dolores Samms*   *Registered Agent*   *February 27, 2008*

<small>Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when renewing)   DATE</small>

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAMMS, EVA D
STREET ADDRESS	5610 NORTHWEST 174 DRIVE
CITY-ST-ZIP	MIAMI, FL 330553539

TITLE	SD
NAME	SAMMS, EVA DOLORES
STREET ADDRESS	5610 NW 174TH DR
CITY-ST-ZIP	MIAMI, FL 330553539

TITLE	TD
NAME	SAMMS, EVA D
STREET ADDRESS	5610 NORTHWEST 174 DRIVE
CITY-ST-ZIP	MIAMI, FL 330553539

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Eva Dolores Samms, President*   *February 27, 2008*   (305) 625-7755

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>