

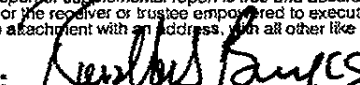


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000135545		
1. Entity Name SAUNDERS TRAVEL, INC.		
Principal Place of Business 307 SOUTH ORANGE AVENUE C/O RON BURKS SARASOTA, FL 34236 US		Mailing Address 307 SOUTH ORANGE AVENUE C/O RON BURKS SARASOTA, FL 34236 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GREGORIA, RIC 200 S ORANGE AVE SARASOTA, FL 34236		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
10. OFFICERS AND DIRECTORS		U000000093071 03/22/04-80003-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, MICHAEL 307 SOUTH ORANGE AVE. SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKS, RON 307 SOUTH ORANGE AVE. SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAUNDERS, DRAYTON A 307 SOUTH ORANGE AVE. SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/16/2004 941-951-6660 Date Daytime Phone #