

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90509 006 ***150.00

DOCUMENT # P03000054958 1. Entity Name EARTH TRAVEL NETWORK, INC.					
Principal Place of Business 9201 KING RD. EAST FT. MYERS, FL 33912			Mailing Address 9201 KING RD. EAST FT. MYERS, FL 33912		
2. Principal Place of Business 17397 CONNECTICUT RD		3. Mailing Address 17397 CONNECTICUT RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT. MYERS FL		City & State FT. MYERS FL		4. FEI Number 32-0085053	
Zip 33912		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALOKAR, KATRINA 9201 KING RD. EAST FT. MYERS, FL 33912			7. Name and Address of New Registered Agent Name SALOKAR, KATRINA Street Address (P.O. Box Number is Not Acceptable) 17397 CONNECTICUT RD City FT. MYERS FL Zip Code 33912		
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 <u><i>Katrina Salokar</i></u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, LIBBY 5830 PINE TREE DRIVE SANIBEL, FL 33957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMILLAN, LIBBY 5830 PINE TREE DR SANIBEL FL 33957
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALOKAR, KATRINA 9201 KING RD. EAST FT. MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALOKAR, KATRINA 17397 CONNECTICUT RD FT. MYERS FL 33912
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MCMILLAN, LIBBY 5830 PINE TREE DR. SANIBEL, FL 33957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMILLAN - CHANGE ADDRESS TO ABOVE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SALOKAR, KATRINA 9201 KING RD. EAST FT. MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALOKAR CHANGE ADDRESS TO ABOVE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Katrina Salokar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/05</u> Daytime Phone # <u>239 470 5611</u>		