

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104116

Entity Name: TRAVEL SOLUTIONS INC.

FILED  
May 11, 2005  
Secretary of State

## Current Principal Place of Business:

1724 WINFIELD ROAD S  
CLEARWATER, FL 33756

## New Principal Place of Business:

## Current Mailing Address:

1724 WINFIELD ROAD S  
CLEARWATER, FL 33756

## New Mailing Address:

FEI Number: 20-0243494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROHRET, KARIN  
12651 WALSINGHAM ROAD  
STE B  
LARGO, FL 33774 US

## Name and Address of New Registered Agent:

FRANDEKA, JOSEPH  
1724 WINFIELD ROAD S  
CLEARWATER, FL 33756 US

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.

SIGNATURE: JOSEPH FRANDEKA

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FRANDEKA, JOSEPH  
Address: 1724 WINFIELD ROAD S  
City-St-Zip: CLEARWATER, FL 33756

Title: VPS ( ) Delete  
Name: FRANDEKA, HOLLY  
Address: 1724 WINFIELD ROAD S  
City-St-Zip: CLEARWATER, FL 33756

Title: VP ( ) Delete  
Name: MILLER, OLEN  
Address: 1724 WINFIELD ROAD S  
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete  
Name: MEYER, LINDA A  
Address: 1724 WINFIELD ROAD S  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: JOSEPH FRANDEKA

VPS

05/11/2005

Electronic Signature of Signing Officer or Director

Date