2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105617

City-St-Zip:

Entity Name: TRAVELPARTNERS USA, INC.

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6150 DIAMOND CENTER COURT BUILDING 200 FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 6150 DIAMOND CENTER COURT BUILDING 200 FORT MYERS, FL 33912 FEI Number: 20-0251841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, JOHN L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVS () Delete Title: () Change () Addition MATTY, WILLIAM C JR Name: Name: 7891 CLASSICS COURT NUMBER 202 Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: DPT Title: () Delete () Change () Addition Name: HARP, FRANK R Name: 29 GALENTE COURT Address: Address: FORT MYERS, FL 33912 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GIBSON, JAMES E Name: Name: 8109 MIDNIGHT PASS ROAD Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: () Delete Title: **PRES** () Change (X) Addition SCHILLING, REX Name: Name: Address: Address: 5328 CORTEZ COURT

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.

City-St-Zip:

CAPE CORAL, FL 33904

SIGNATURE: MARTHA HALVORSEN VP 01/27/2005