


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90051 049 \*\*\*150.00

<b>DOCUMENT # P03000105617</b>					
<b>1. Entity Name</b> TRAVELPARTNERS USA, INC.					
<b>Principal Place of Business</b> 6150 DIAMOND CENTER COURT BUILDING 200 FORT MYERS, FL 33912			<b>Mailing Address</b> 6150 DIAMOND CENTER COURT BUILDING 200 FORT MYERS, FL 33912		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0251841	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SCHILLING, REX 5328 CORTEZ COURT CAPE CORAL, FL, FL 33904			Name <u>Cynthia Turnbull</u> Street Address (P.O. Box Number is Not Acceptable) <u>9250 Triana Terrace #4</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33912</u>		
<b>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.</b>					
SIGNATURE <u>Cynthia Turnbull</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>1/28/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MATTY, WILLIAM C JR 7891 CLASSICS COURT NUMBER 202 ESTERO, FL 33928 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARP, FRANK R 29 GALENTE COURT FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Cynthia Turnbull 9250 Triana Terrace #4 Fort Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, JAMES E 8109 MIDNIGHT PASS ROAD SARASOTA, FL 34242 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHILLING, REX 5328 CORTEZ COURT CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 registered agent 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 to this address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			DATE <u>1/28/07</u>		
<small>SIGNATURE MUST BE PRINTED OR TYPED BY NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		