

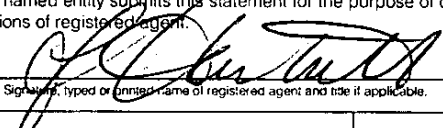
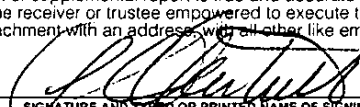


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90019 026 ***150.00

DOCUMENT # P04000055877					
1. Entity Name TRAVERS REALTY SERVICES, INC.					
Principal Place of Business 120 NE 5TH AVE A DELRAY BEACH, FL 33483 US			Mailing Address P.O. BOX 6778 DELRAY BEACH, FL 33482 US		
2. Principal Place of Business - No P.O. Box # 1045 E. ATLANTIC AVE Suite, Apt. #, etc. #203		3. Mailing Address 1045 E. ATLANTIC AVE Suite, Apt. #, etc. #203			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL		4. FEI Number 20-1418895	
Zip 33483 Country		Zip 33483 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTNETT, JOSEPH T 120 NE 6TH AVE A DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name HARTNETT, JOSEPH -T- Street Address (P.O. Box Number is Not Acceptable) 1045 E. ATLANTIC AVE #203 City DELRAY BEACH FL Zip Code 33483		
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  DATE 4-9-08 <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, 2008 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 HARTNETT, JOSEPH T 3118 FLORIDA BLVD. - #105 DELRAY BEACH, FL 33483	<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
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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
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 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: 				Date 4/9/08 561243-0505 <small>Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					