## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000138597

City-St-Zip:

CHESHIRE, CT 06410

FILED May 10, 2006 Secretary of State

Entity Nar	me: TRAVE	LCORP LEASING, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	OLHOUSE F E, CT 06410	RD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	OLHOUSE F E, CT 06410				
FEI Number:	: 20-1714544	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
11380 PRO	OSPERITY F.	ONS NETWORK, INC. ARMS ROAD #221E NS, FL 33410 US			
	named entity of Florida.	y submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Ag	ent	Date	
		193(2)(b), F.S., the corporation did ning Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D ( BOZZUTO, M 275 SCHOOL CHESHIRE, (	HOUSE RD	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S/D ( HOULE, PATI 275 SCHOOL CHESHIRE, (	HOUSE RD	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T/D ( WOOD, ROB 275 SCHOOL		Title: ( Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:

SIGNATURE: PATRICIA S. HOULE S 05/10/2006