


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90242 030 \*\*\*150.00

<b>DOCUMENT #</b> P05000056071	
<b>1. Entity Name</b> TRAVEL BY LAND OR SEA.COM, INC.	

<b>Principal Place of Business</b> 3760 INVERRARY DR STE N-3-I LAUDERHILL FL 33319	<b>Mailing Address</b> 3760 INVERRARY DR STE N-3-I LAUDERHILL FL 33319
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<b>2. Principal Place of Business</b> 7210 NW 74th Place Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7210 NW 74th Place Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

<b>City &amp; State</b> TAMARAC, FL	<b>City &amp; State</b> TAMARAC, FL
<b>Zip</b> 33321	<b>Zip</b> 33321
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 56-2514778	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<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> CAHILL, LINDA 3760 INVERRARY DR STE N-3-I LAUDERHILL FL 33319
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<b>7. Name and Address of New Registered Agent</b> Name: Linda Cahill 7210 NW 74th Place City: TAMARAC FL Zip Code: 33321
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<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>Linda Cahill, President</u>	DATE: <u>3/6/06</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D CAHILL, LINDA 3760 INVERRARY DR STE N-3-I LAUDERHILL FL 33319	<input checked="" type="checkbox"/> new address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Cahill, Linda 7210 NW 74th Place TAMARAC, FL 33321	
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"/> Change <input type="checkbox"/> Addition
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"/> 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 Section 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.</b>	
SIGNATURE: <u>Linda Cahill</u>	DATE: <u>3/6/06</u> <u>954-733-2125</u>