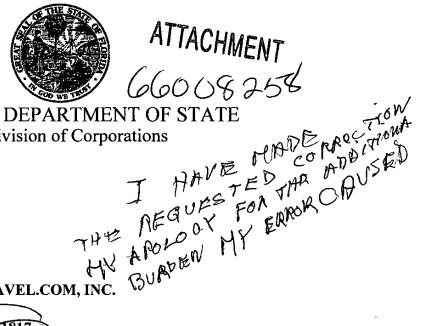
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P05000061817 03-22-2006 90030 028 \*\*\*150.00 1. Entity Name OVER THE MOON TRAVEL.COM, INC. Principal Place of Business Mailing Address 66008258 5247 BOX TURTLE CIR SARASOTA FL 34232 5247 BOX TURTLE CIR SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For Q 70 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent Name and Address of New Registered Agent BOROS, ROBIN S Street A 5247 BOX TURTLE CIR SARASOTA FL 34232 SARASOTA 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 registers agent. 7. ئىلىن. ئىلىنى SIGNATURE INCITE. Remislated Asset containing required when recisional DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE CEO ☐ Celete TITLE ☐ Addition Change BOROS, ROBIN S HAME STREET ADDRESS 5247 BOX TURTLE CIR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME BOROS, ROBIN S PLAME STREET ADDRESS **5247 BOX TURTLE CIR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ (Selete TITLE ☐ Change Addition: NAME NAME BOROS, HOWARD S STREET ADDRESS 5247 BOX TURTLE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 attackment with an address, with all other like empowered. Baros

**FILED** 



FLORIDA DEPARTMENT OF STATE

**Division of Corporations** 

March 23, 2006

OVER THE MOON TRAVEL.COM, INC. **5247 BOX TURTLE CIR SARASOTA, FL 34232** 

Subject: OVER THE MOON TRAVEL.COM, INC.

Reference Number:

P05000061817

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION