

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081536

FILED
Jan 27, 2006
Secretary of State

Entity Name: TRAVELEADERS MEETINGS & INCENTIVES, INC.

Current Principal Place of Business:

1701 PONCE DE LEON BLVD., STE. 440
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1701 PONCE DE LEON BLVD., STE. 440
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POLLER, NEALE J.
550 BILTMORE WAY, STE. 700
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: KLEIN, PATRICIA ANN
Address: 1000 S. POINTE DR., UNIT 2504
City-St-Zip: MIAMI BEACH, FL 33134

Title: DVP () Delete
Name: KLEIN, JAY
Address: 1000 S. POINTE DR., UNIT 2504
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: WRIGHT, MALCOLM
Address: 2701 SPIVEY LANE
City-St-Zip: ORLANDO, FL 32837

Title: ST () Delete
Name: JIMENEZ, OMAR
Address: 1701 PONCE DE LEON BLVD., STE. 440
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MALCOLM J WRIGHT

D

01/27/2006

Electronic Signature of Signing Officer or Director

Date