

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081536

FILED
May 01, 2008
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:

CFRA, LLC
CORP CENTER THREE AT INTERNATIONAL PLAZA
4221 W. BOY SCOUT BLVD., 10TH FLOOR
TAMPA, FL 336075736 US

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: JOYCE F. BENTUBO

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 2460 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32809

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 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 WRIGHT

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date