


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # P05000097469</b><br>1. Entity Name<br>A VIRTUAL TRAVEL AGENCY, INC. |  |
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| Principal Place of Business<br>1398 LEAWOOD ROAD<br>ENGLEWOOD, FL 34223 | Mailing Address<br>1398 LEAWOOD ROAD<br>ENGLEWOOD, FL 34223 |
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04162008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br>20-3124917                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>LAUDENSLAGER, JOHN P<br>1029 DELACROIX CIRCLE<br>NOKOMIS, FL 34275 |
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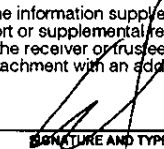
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MAYS, BASIL<br>1398 LEAWOOD ROAD<br>ENGLEWOOD, FL 34223   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>MAYS, SHARON<br>1398 LEAWOOD ROAD<br>ENGLEWOOD, FL 34223 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| <p>U00000908652<br/>05/06/08-80040-009 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   | 04-15-08 791-650-0731<br><small>Date Daytime Phone #</small> |