Aug-23-06 10:54A Beacon Accounting Service

FILED
Aug 29, 2006 8:00 am
Secretary of State
08-29-2006 90003 013 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000111025

1. Entity Name
SPC TRAVEL SERVICES, INC.

40102038

Principal Place of Business	Mailing Address
1979 S.W. CRANBERRY STREET PORT ST. LUCIE, FL 34953 US	1979 S.W. CRANBERRY STREET PORT ST. LUCIE, FL 34953 US

08232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1332 SW. Leisure Ln	1332 SW Leisure Ln
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Port Saint Lucie FL	City & State: Port Saint Lucie, FL
Zip: 34953 Country: St Lucie	Zip: 34953 Country: St. Lucie

4. FEI Number 20-3286691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BEACON ACCOUNTING SERVICE INC.
3135 SW MAPP ROAD
PALM CITY, FL 34990

7. **Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________ DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PAGE CAMARDA, SHARON 1979 SW CRANBERRY STREET PORT ST. LUCIE, FL 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAGE CAMARDA, SHARON 1332 SW Leisure Ln. Port Saint Lucie, FL 34953 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Sharon P Camarda 8/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #