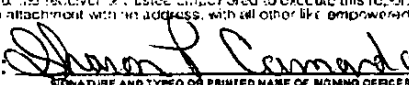


FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90003 013 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000111025			
1. Entity Name SPC TRAVEL SERVICES, INC.			
Principal Place of Business 1979 S.W. CRANBERRY STREET PORT ST. LUCIE, FL 34953 US		Mailing Address 1979 S.W. CRANBERRY STREET PORT ST. LUCIE, FL 34953 US	
2. Principal Place of Business 1332 SW Leisure Ln		3. Mailing Address 1332 SW Leisure Ln	
City & State Port Saint Lucie, FL		City & State Port Saint Lucie, FL	
Zip 34953		Zip 34953	
Country St. Lucie		Country St. Lucie	
Name and Address of Current Registered Agent BEACON ACCOUNTING SERVICE INC. 3135 SW MAPP ROAD PALM CITY, FL 34906		Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
5. 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 _____			
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 IN 11.	
NAME PAGE CAMARDA, SHARON	DATE	NAME PAGE CAMARDA, SHARON	DATE
STREET ADDRESS 1979 SW CRANBERRY STREET		STREET ADDRESS 1332 SW Leisure Ln	
CITY-STATE-ZIP PORT ST. LUCIE, FL 34953		CITY-STATE-ZIP Port Saint Lucie, FL 34953	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 supplied annual report is true and accurate and that the signature shall have the same meaning as if it were handwritten. I also certify 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, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		8/21/06	
SIGNATURE AND TYPE OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR		Signature	