2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 08:00 A Secretary of State DOCUMENT # P05000138354 1. Entity Name CLAIRE TELLIER TRAVEL, INC. Principal Place of Business Mailing Address 13 WESTLEE LANE 13 WESTLEE LANE PALM COAST, FL 32164 PALM COAST, FL 32164 No Chg-P 04062007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1735844 Not Applicable man the state of t \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAVY, BENJAMIN DO NOT WRITE 25 PINE CONE DR., STE. 2A PALM COAST, FL 32164 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TELLIER, CLAIRE NAME STREET ADDRESS 13 WESTLEE LANE CITY-ST-ZIP PALM COAST, FL 32164 TITLE *1*04/20/07-80169-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

04-09-07 386-447-1049