

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145823

FILED
May 01, 2006
Secretary of State

Entity Name: WELL TRAVELED TOURS, INC.

Current Principal Place of Business:

5114 OKEECHOBEE BOULEVARD, SUITE 210
WEST PALM BEACH, FL 33417

New Principal Place of Business:

5114 OKEECHOBEE BOULEVARD
SUITE 210
WEST PALM BEACH, FL 33417

Current Mailing Address:

5114 OKEECHOBEE BOULEVARD, SUITE 210
WEST PALM BEACH, FL 33417

New Mailing Address:

5114 OKEECHOBEE BOULEVARD
SUITE 210
WEST PALM BEACH, FL 33417

FEI Number: 20-3742172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, ANTHONY
5114 OKEECHOBEE BOULEVARD, SUITE 210
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

MARINO, ANTHONY
5114 OKEECHOBEE BOULEVARD
SUITE 210
WEST PALM BEACH, FL 33417 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:

05/01/2006

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: DIR () Delete
Name: ALEXANDER, BETTY
Address: 5114 OKEECHOBEE BOULEVARD, SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PRES () Delete
Name: ALEXANDER, BETTY
Address: 5114 OKEECHOBEE BOULEVARD, SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: ALEXANDER, BETTY
Address: 5114 OKEECHOBEE BOULEVARD, SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SEC () Delete
Name: ALEXANDER, BETTY
Address: 5114 OKEECHOBEE BOULEVARD, SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TREA () Delete
Name: ALEXANDER, BETTY
Address: 5114 OKEECHOBEE BOULEVARD, SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33417

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK DE SOUSA

MR.

05/01/2006

Electronic Signature of Signing Officer or Director

Date