

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150029

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** EVERYBODY LOVES TO TRAVEL, INC.

**Current Principal Place of Business:**

20672 CHARING CROSS CIRCLE  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

20672 CHARING CROSS CIRCLE  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 20-3589125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUSTASON, PATRICIA E  
20672 CHARING CROSS CIRCLE  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** GUSTASON, PATRICIA E  
**Address:** 20672 CHARING CROSS CIRCLE  
**City-St-Zip:** ESTERO, FL 33928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** GUSTASON, PATRICIA E  
**Address:** 20672 CHARING CROSS CIRCLE  
**City-St-Zip:** ESTERO, FL 33928

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:** PATRICIA E. GUSTASON

PRES

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date