2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P05000163717

Entity Name: TRAVEL WITH EASE SERVICES INC.

Current Principal Place of Business:

2710 DEL PRADO BLVD #2139
CAPE CORAL, FL 33904

New Principal Place of Business:

2709 SWAMP CABBAGE COURT
FORT MYERS, FL 33901

Current Mailing Address:

2710 DEL PRADO BLVD #2139
CAPE CORAL, FL 33904

New Mailing Address:

2709 SWAMP CABBAGE COURT
FORT MYERS, FL 33901

FEI Number: 84-1696762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, ETHELYN
2710 DEL PRADO BLVD #2139
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SULLIVAN, ETHELYN
2709 SWAMP CABBAGE COURT
FORT MYERS, FL 33901 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: 02/03/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SULLIVAN, ETHELYN
Address: 2710 DEL PRADO BLVD #2139
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete
Name: KELLY, JAMES
Address: 2710 DEL PRADO BLVD #2139
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SULLIVAN, ETHELYN
Address: 2709 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

Title: VPD (X) Change ( ) Addition
Name: KELLY, JAMES
Address: 2709 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify 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: ETHELYN SULLIVAN PD 02/03/2009
Electronic Signature of Signing Officer or Director — Date