

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048663

Entity Name: GUERILLA TRAVELER, INC.

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

1343 MAIN STREET, SUITE 301
SARASOTA, FL 34236

New Principal Place of Business:

1343 MAIN STREET,
301
SARASOTA, FL 34236

Current Mailing Address:

1343 MAIN STREET, SUITE 301
SARASOTA, FL 34236

New Mailing Address:

1343 MAIN STREET
301
SARASOTA, FL 34236

FEI Number: 20-4799219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAZAUD, SANDRINE
1343 MAIN STREET, SUITE 301
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CHAZAUD, SANDRINE
1343 MAIN STREET
301
SARASOTA, FL 34236 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: SANDRINE CHAZAUD

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS () Change (X) Addition
Name: CHAZAUD, SANDRINE
Address: 1343 MAIN STREET, #301
City-St-Zip: SARASOTA, FL 34236

Title: MR () Change (X) Addition
Name: RICHARDSON, WILLIAM R
Address: 1343 MAIN STREET, #301
City-St-Zip: SARASOTA, FL 34236

Title: MR () Change (X) Addition
Name: PETERSON, JEFFREY K
Address: 1343 MAIN STREET, #301
City-St-Zip: SARASOTA, FL 34236

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: SANDRINE CHAZAUD

MS

01/18/2007

Electronic Signature of Signing Officer or Director

Date