2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077420

Entity Name: MEDICAL TRAVELERS, INC.

FILED Mar 30, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1745 SE 44TH TERRACE CAPE CORAL, FL 33904 US

Current Mailing Address: New Mailing Address:

1745 SE 44TH TERRACE CAPE CORAL, FL 33904 US

FEI Number: 20-4991070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMAS, EULA D 1745 SE 44TH TERRACE CAPE CORAL, FL 33904 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: THOMAS, WILLIAM C
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP

 Name:
 THOMAS, EULA D

 Address:
 1745 SE 44TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: SEC

 Name:
 THOMAS, EULA D

 Address:
 1745 SE 44TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: TRE

Name: THOMAS, WILLIAM C
Address: 1745 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: COO

 Name:
 THOMAS, EULA D

 Address:
 1745 SE 44TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: CEO

 Name:
 THOMAS, WILLIAM C

 Address:
 1745 SE 44TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33904 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM THOMAS PRES 03/30/2010