## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000129959

City-St-Zip:

Entity Name: BONNIE'S EXECUTIVE TRAVEL SERVICES. INC

FILED Apr 26, 2009 Secretary of State

| Lineity Ivai   | ine. DOMNIE                   | O EXECUTIVE TRAV        | LL OLIVIOL      | .0, 1140.                                   |  |  |               |  |
|--|-------------------------------|-------------------------|-----------------|---|--|--|---------------|--|
| Current Principal Place of Business:   |                               |                         |                 | New Principal Place of Business:            |  |  |               |  |
|  | NVERSITY DR<br>PRINGS, FL 3   |                         |                 |   |  |  |               |  |
| Current Mailing Address:   |                               |                         |                 | New Mailing Address:                        |  |  |               |  |
|  | NIVERSITY DR<br>PRINGS, FL 3  |                         |                 |   |  |  |               |  |
| FEI Number:  | : 20-5697957                  | FEI Number Applied      | For() F         | FEI Number Not Appli                        | cable ( )  | Certificate of Status D  | esired ( )    |  |
| Name and Address of Current Registered Agent:                                |                               |                         |                 | Name and                                    | Name and Address of New Registered Agent:                                    |  |               |  |
| CRAMMER, EDWIN L<br>3801 N UNIVERSITY DRIVE, STE 311<br>SUNRISE, FL 33351 US |                               |                         |                 | 3801 N UN                                   | CRAMMER, EDWIN L<br>3801 N UNIVERSITY DRIVE, STE 318<br>SUNRISE, FL 33351 US |  |               |  |
|  | named entity<br>e of Florida. | submits this stateme    | nt for the purp | oose of changing it                         | s registered   | l office or registered ag                                      | ent, or both, |  |
| SIGNATURE:   |                               |                         |                 |   | 04/26/2009   |  |               |  |
|  | Electro                       | nic Signature of Regi   | stered Agent    |   |  | Date   |               |  |
| Election Car   | npaign Financin               | g Trust Fund Contributi | on ( ).         |   |  |  |               |  |
| OFFICERS AND DIRECTORS:  |                               |                         |                 | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                 |  |               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                  | LEIBOWITZ, B                  | RSITY DRIVE #525        |                 | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ( ) Change ( ) Addition  |               |  |
| Title:<br>Name:<br>Address:  | (                             | ) Delete                |                 | Title:<br>Name:<br>Address:                 | LEIBOWITZ,   | ( ) Change (X) Addition<br>BONNIE D<br>I UNIVERSITY DRIVE #525 |               |  |

City-St-Zip:

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: BONNIE LEIBOWITZ D 04/26/2009

CORAL SPRINGS, FL 33065 US