2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P07000095542

Entity Name: THE BABY TRAVEL COMPANY

Current Principal Place of Business:

881 OCEAN DR.
SUITE # 9E
KEY BISCAYNE, FL 33149

New Principal Place of Business:

1121 CRANDON BLVD.
SUITE # F1101
KEY BISCAYNE, FL 33149

Current Mailing Address:

881 OCEAN DR.
SUITE # 9E
KEY BISCAYNE, FL 33149

New Mailing Address:

1121 CRANDON BLVD.
SUITE # F1101
KEY BISCAYNE, FL 33149

FEI Number: 26-0787927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECHEVERRI, FERNANDO
881 OCEAN DR.
SUITE # 9E
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

ECHEVERRI, FERNANDO
1121 CRANDON BLVD.
SUITE # F1101
KEY BISCAYNE, FL 33149 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: 03/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ECHEVERRI, FERNANDO
Address: 881 OCEAN DR. #9E
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPTD ( ) Delete
Name: URIBE, CLARA P
Address: 881 OCEAN DR. #9E
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: ECHEVERRI, FERNANDO
Address: 1121 CRANDON BLVD. #F1101
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPTD (X) Change ( ) Addition
Name: URIBE, CLARA P
Address: 1121 CRANDON BLVD. #F1101
City-St-Zip: KEY BISCAYNE, FL 33149

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: FERNANDO ECHEVERRI PSD 03/30/2009
Electronic Signature of Signing Officer or Director — Date