2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14991

FILED Apr 27, 2006 Secretary of State

Entity Name: TRAVELEX CURRENCY SERVICES INC.

Current F	Principal Place	of Business:	New Principal Plac	e of Business:
29 BROAI NEW YOF	DWAY RK, NY 10006	US		
Current N	/lailing Addres	s:	New Mailing Addre	ess:
TORONT	O ONTARIO M	D, 100 YONGE ST.14TH FL C2W1 XX		
FEI Numbei	r: 13-3173586	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
1200 S. P PLANTAT	PORATION SYS INE ISLAND RC TION, FL 33324	DAD US		
	e named entity s e of Florida.	ubmits this statement for the p	purpose of changing its registe	red office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
Election Ca		Trust Fund Contribution ().		
		, ,	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR:
OFFICER Title: Name: Address:	S AND DIRECTS () VERASAMY, RIG	FORS: Delete CHARD REET 14TH FLOOR	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR: () Change () Addition
	S AND DIRECT S () VERASAMY, RIGHTON TO NON,	TORS: Delete CHARD REET 14TH FLOOR CN M5C 2W1 Delete E 7 AVE	Title: Name: Address:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECTS () VERASAMY, RIGHTON TORONTO ON, D () AMBROSE, MIK 2121 NORTH 11 OMAHA, NE 68	Delete CHARD REET 14TH FLOOR CN M5C 2W1 Delete E 7 AVE 164 Delete , DAVID I AVE STE 100	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	S AND DIRECT S () VERASAMY, RIG 100 YONGE ST TORONTO ON, D () AMBROSE, MIK 2121 NORTH 11 OMAHA, NE 68 D (X) MONTGOMERY 1000 FRANKLIN GARDEN CITY,	Delete CHARD REET 14TH FLOOR CN M5C 2W1 Delete E 7 AVE 164 Delete , DAVID I AVE STE 100 NY 11530 Delete I AVE STE 100	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition

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: R. VERASAMY S 04/27/2006