

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000007078

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: TRAVEL AGENTS INTERNATIONAL FRANCHISING CORP.

## Current Principal Place of Business:

1405 XENIUM LANE NORTH  
PLYMOUTH, MN 55441 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 59159  
ATTN TAX DEPT  
MINNEAPOLIS, MN 554598250 US

## New Mailing Address:

ATTN: TAX DEPARTMENT  
P.O. BOX 59159  
MINNEAPOLIS, MN 554598250 US

FEI Number: 59-3154294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: P ( ) Delete  
Name: BATT, MICHAEL  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441 US

Title: VP ( ) Delete  
Name: HAMANN, DARREL M  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441 US

Title: D ( ) Delete  
Name: NELSON, MARILYN C  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441 US

Title: S ( ) Delete  
Name: HOGAN, GERALD W  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441 US

Title: AS (X) Delete  
Name: LEE, DAN E  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HAMANN, DARREL M  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL BATT

P

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date