2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# P93000032715

Entity Name: TRAVEL CONCIERGE, INC.

Current Principal Place of Business:

11211 PROSPERITY FARMS RD.
SUITE D-324
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM A. SABLE
11211 PROSPERITY FARMS ROAD, STE D-325
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0410695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, KENNETH A
2400 SE FEDERAL HWY
4TH FLOOR
STUART, FL 34994 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: DP ( ) Delete
Name: SABLE, WILLIAM A
Address: 920 SE ATLANTIC DR
City-St-Zip: LANTANA, FL 33462

Title: DTS ( ) Delete
Name: LEWIS-WOLL, KATHLEEN J
Address: 8176 SE PALM ST
City-St-Zip: HOBE SOUND, FL 33455

Title: DV ( ) Delete
Name: UPLEDGER, JOHN E
Address: 8850 150TH COURT N.
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM A. SABLE DP 02/23/2007

Electronic Signature of Signing Officer or Director Date