

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000032715

FILED  
Feb 26, 2008  
Secretary of State

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 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

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date