2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P95000046463 1. Entity Name EXPEDITION TRAVEL, INC. Principal Place of Business Mailing Address 1717 N.W. 45TH AVENUE 1717 N.W. 45TH AVENUE GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3327925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EMMEL, THOMAS C DR. DO NOT WRITE 1717 N.W. 45TH AVENUE GAINESVILLE, FL 32605 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE NAME THOMAS, EMMEL C DR. STREET ADDRESS 1717 N.W. 45TH AVENUE CITY-ST-ZIP GAINESVILLE, FL -- U000005400<u>8</u>0 TITLE 05/10/06 80003-008 158.75 NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7iP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2006

494-7402 Daytime Phone #