


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000031163</b> 1. Entity Name <b>ANCHORS AWAY TRAVEL &amp; TOURS, INC.</b>		
Principal Place of Business <b>10114 MILITARY TRAIL #117 BOYNTON BEACH, FL 33436 US</b>	Mailing Address <b>10114 MILITARY TRAIL #117 BOYNTON BEACH, FL 33436 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>GLASSMAN, SCOTT D ESQ 909 N. DIXIE HIGHWAY WEST PALM BEACH, FL 33401</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAZANT, LUCY 9652 SAN VITTORE LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAZANT, HAROLD 9652 SAN VITTORE LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>		
<b>SIGNATURE:</b> <u><i>H. Sazant</i></u> <b>1/24/06</b> <b>561-496-6880</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01242006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> <b>65-0746429</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U000000409013  
02/09/06-80081-019 150.00

**DO NOT WRITE  
IN THIS SPACE**