


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90188 011 ***150.00

DOCUMENT # P97000102603	
1. Entity Name SEVEN SEAS TRAVEL OF PALM BEACH COUNTY, INC.	

Principal Place of Business 1340 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 33426 US	Mailing Address 348 N CONGRESS AVE BOYNTON BEACH, FL 33426 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1340 Fairfax Circle E Suite, Apt. #, etc.
City & State	City & State Boynton Beach, FL
Zip	Country USA

40001331



01062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent BALOGH, NOELLE 1340 FAIRFAX CIRCLE E BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALOGH, ANDREW E 1340 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 334627412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM BALOGH, NOELLE 1340 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 334627412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Noelle Balogh Noelle Balogh 1/6/06 56173423900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #