2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P98000008560

Entity Name: ALL INCLUSIVE TRAVEL, INC.

Current Principal Place of Business:

1348 DINSMORE COURT
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

1348 DINSMORE COURT
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 65-0837949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVNANI, SALU
785 N. BAYSHORE DRIVE
SAFETY HARBOR, FL 346953131 US

Name and Address of New Registered Agent:

STEWART, OWEN
1348 DINSMORE COURT
NEW PORT RICHEY, FL 34655 US

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: OWEN STEWART 04/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: STEWART, FRANCES
Address: 1348 DINSMORE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V ( ) Delete
Name: DEVNANI, SALU
Address: 785 NORTH BAYSHORE DRIVE
City-St-Zip: SAFETY HARBOR, FL 346953131

Title: D (X) Delete
Name: STEWART, OWEN
Address: 1348 DINSMORE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STEWART, OWEN
Address: 1348 DINSMORE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

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: F M STEWART P 04/21/2008
Electronic Signature of Signing Officer or Director Date