2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 12, 2005 08:00 AM DOCUMENT # P98000012973 1. Entity Name **Secretary of State** INDEPENDENT TRAVEL AGENTS INCORPORATED Principal Place of Business Mailing Address 1126 HAWKS NEST COURT PUNTA GORDA FL 33950 1126 HAWKS NEST COURT PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 54-1558841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 1126 HAWKS NEST COURT PUNTA GORDA FL 33950 City Zip Code 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 ! 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete LILE Change Addition 03/12/05-80035-009 150.00 ADAMS, CHRISTINE NAME NAME STREET ADDRESS 1126 HAWKS NEST COURT STREET ADDRESS CHY-ST-ZIP PUNTA GORDA FL 33950 CJTY-ST-7IP VΡ TITLE Delete □ Change ☐ Addition LIBERTO, MICHAEL NAME NAME STREET ADDRESS 1126 HAWKS NEST COURT STREET ADDRESS CITY - ST - ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TOTLE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST ZIP TOTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #