2006 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P98000019770** 1. Entity Name STARWARD TRAVEL INC. Principal Place of Business Mailing Address 11862 DUNES RD 11862 DUNES RD **BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436**

FILED Apr 27, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE			04252006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable				
			· == - / (-	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent					
MOORE, MARIE ANN 11862 DUNES RD BOYNTON BEACH, FL 33436			DO NOT WRITE IN THIS SPACE				
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 Sometime, broad or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when rensming) DATE							
Signature, typed or printed name of registered agent and trie if approachle. (NOTE: Registered Agent signature required when remaining) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees		: :	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS DITY-ST-ZIP	D MOORE, MARIE ANN 11862 DUNES RD BOYNTON BEACH, FL 33436						
NAME STREET ADDRESS CITY-ST-ZIP						0539351 -80097-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS							

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GRAM MATE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR