2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# P99000100864

Entity Name: TRAVEL RESOURCES, INC.

Current Principal Place of Business:

223 SUNSET AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

223 SUNSET AVE.
#120
PALM BEACH, FL 33480

New Mailing Address:

223 SUNSET AVE.
#105
PALM BEACH, FL 33480

FEI Number: 65-0966755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, LESLIE
223 SUNSET AVE
#105
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAW, LESLIE
Address: 318 SEASPRAY AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: VTD ( ) Delete
Name: TUCKER, KAREN
Address: 44 COCONUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: VSD ( ) Delete
Name: FATH, JOYCE
Address: 8362 KELSO DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAW, LESLIE MR
Address: 318 SEASPRAY AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: VTD (X) Change ( ) Addition
Name: TUCKER, KAREN MS
Address: 5600 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE A SHAW P 01/13/2004

Electronic Signature of Signing Officer or Director — Date