2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100864

Address:

City-St-Zip:

8362 KELSO DR

PALM BEACH GARDENS, FL 33418

FILED Mar 13, 2008 Secretary of State

Entity Nar	ne: TRAVEL	RESOURCE, INC.				
Current P	rincipal Place	of Business:	New Princip	New Principal Place of Business:		
223 SUNSET AVE. PALM BEACH, FL 33480			SUITE 100	223 SUNSET AVE. SUITE 100 PALM BEACH, FL 33480		
Current M	ailing Addre	ss:	New Mailing	New Mailing Address:		
223 SUNSET AVE. #120 PALM BEACH, FL 33480				223 SUNSET AVE. PALM BEACH, FL 33480		
FEI Number:	65-0966755	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status D	esired()	
Name and	Address of (Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
SHAW, LE 223 SUNS #105 PALM BEA		O US	223 SÚNSET #100	SHAW, LESLIE 223 SUNSET AVE #100 PALM BEACH, FL 33480 US		
	named entity of Florida.	submits this statement for the	purpose of changing its	registered office or registered ag	ent, or both,	
SIGNATUR	RE:			03/13/2008		
	Electro	nic Signature of Registered Ag	ent	Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (SHAW, LESLIE 318 SEASPRA PALM BEACH,	Y AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TUCKER, KAR 5600 N. FLAGI		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VSD (FATH, JOYCE) Delete	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: LESLIE A. SHAW Ρ 03/13/2008