

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000100864

Entity Name: TRAVEL RESOURCE, INC.

FILED
May 21, 2009
Secretary of State**Current Principal Place of Business:**223 SUNSET AVE.
SUITE 100
PALM BEACH, FL 33480**New Principal Place of Business:****Current Mailing Address:**223 SUNSET AVE.
SUITE 100
PALM BEACH, FL 33480**New Mailing Address:**

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
#100
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**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: SHAW, LESLIE MR
Address: 318 SEASPRAY AVE.
City-St-Zip: PALM BEACH, FL 33480Title: VTD (X) Delete
Name: TUCKER, KAREN MS
Address: 5600 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407Title: VSD () Delete
Name: FATH, JOYCE
Address: 8362 KELSO DR
City-St-Zip: PALM BEACH GARDENS, FL 33418**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PTD (X) Change () Addition
Name: SHAW, LESLIE MR
Address: 318 SEASPRAY AVE.
City-St-Zip: PALM BEACH, FL 33480Title: () Change () Addition
Name:
Address:
City-St-Zip: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: LESLIE A. SHAW

P

05/21/2009

Electronic Signature of Signing Officer or Director_____
Date