


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90009 025 \*\*\*550.00

<b>DOCUMENT # P99000109079</b> 1. Entity Name <b>TRAVEL HUNT HOLDINGS, INC.</b>			
Principal Place of Business <b>22154 MARTELLA AVE BOCA RATON, FL 33433</b>		Mailing Address <b>22154 MARTELLA AVE BOCA RATON, FL 33433</b>	
2. Principal Place of Business <b>3237 NE 10th ST</b> Suite, Apt. #, etc. <b># 2</b>		3. Mailing Address <b>PO BOX 10004</b> Suite, Apt. #, etc.	
City & State <b>POMPANO BEACH, FL</b>		City & State <b>POMPANO BEACH, FL</b>	
Zip <b>33062</b>		Zip <b>33062</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0972647</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLDSTEIN, SHELLEY 22154 MARTELLA AVE BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent Name <b>NANCY REYNOLDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3237 NE 10th ST, #2</b> City <b>POMPANO BEACH</b>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		Signature <b>NANCY REYNOLDS</b>	
SIGNATURE		DATE <b>7-12-04</b>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CEOP</b>	NAME <b>GOLDSTEIN, SHELLEY</b>	TITLE <b>PRES, SEC, TREAS, DIRECTOR</b>	NAME <b>NANCY REYNOLDS</b>
STREET ADDRESS <b>22154 MARTELLA AVE</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	STREET ADDRESS <b>PO BOX 10004</b>	CITY-ST-ZIP <b>POMPANO BEACH, FL 33062</b>
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.		SIGNATURE: <b>NANCY REYNOLDS</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>7-12-04</b>	
Daytime Phone #		<b>(954) 943-4868</b>	