2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Mar 16, 2007 08:00 AN Secretary of State

DOCUMENT # P99000109079 1. Entity Name TRAVEL HUNT HOLDINGS, INC.				Province Control of Co	Sec	cretary	y of Stat
Principal Place	of Business	Mailing Address					
1314 E LAS OLAS BOULEVARD 1314 E LAS OLAS BOULEVARD)				
168 168 Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301			1				
ח	O NOT WRITE	^E	03132007	No Chg-P	CR2E034 (11		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 65-09726	47		Applied For Not Applicable
		·	·	5. Certificate of S	status Desired	\$8.75 Fee Re	Additional quired
	6. Name and Address of Current Rep	istered Agent					
REYNOLDS, NANCY 1314 E LAS OLAS BOULEVARD 168			DO NOT WRITE IN THIS SPACE				
FORT LAUI	DERDALE, FL 33301			11.4 1.1		CL	
	named entity submits this statement for tho ons of registered agent.	e purpose of changing its registere	ed office or register	red agent, or both, is	n the State of Florida	a. I am familiar	with, and accept
SIGNATURE_	Signature, lyped or printed name of registered agent and t	lie if applicable. (NOTE Registere	d Agent signature required	i whon reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			~	.00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS					·
***************************************	PSTD NAMEY						
	REYNOLDS, NANCY 1314 E LAS OLAS BOULEVARD						
1	FORT LAUDERDALE, FL 33301						

TITLE 000000667975 03/27/07-80011-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP 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

Merce M Remedo

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #