

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10231

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: TRAVEL WORLD INTERNATIONAL, INC.

## Current Principal Place of Business:

760 FLORIDA CENTRAL PARKWAY  
SUITE 212  
LONGWOOD, FL 32750

## New Principal Place of Business:

320 W SABAL PALM PLACE  
SUITE 150  
LONGWOOD, FL 32779

## Current Mailing Address:

P O BOX 915201  
LONGWOOD, FL 32791 US

## New Mailing Address:

FEI Number: 59-3037651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT STROGIS  
320 W. SABAL PALM PLACE  
SUITE 300  
LONGWOOD,, FL 32779 US

## Name and Address of New Registered Agent:

STROGIS, ROBERT  
320 W. SABAL PALM PLACE  
SUITE 300  
LONGWOOD,, FL 32779 US

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: ROBERT STROGIS

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VYAS, SUREE  
Address: 320 W. SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete  
Name: STROGIS, ROBERT  
Address: 320 W. SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VYAS, SUREE  
Address: 320 W. SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

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: ROBERT STROGIS

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date