

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72493

FILED
Apr 13, 2007
Secretary of State

Entity Name: CENTER FOR TRAVEL, INC.

Current Principal Place of Business:

50 S.E. KINDRED ST
SUITE 109
STUART, FL 349943007 US

New Principal Place of Business:

Current Mailing Address:

1399 NW LAKESIDE TRAIL
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0282266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRINZ, BETH TEARDO
815 COLORADO AVE
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VANCUREN, JUDY A
Address: 1399 NW LAKESIDE TRL
City-St-Zip: STUART, FL 34994

Title: ST () Delete
Name: VANCUREN, GENE L
Address: 1399 NW LAKESIDE TRL
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: GUMBINNER, JERI D
Address: 5531 SW 88 TERR
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: VANCUREN, JEFFREY D
Address: 1315 GREENLEAF DRIVE
City-St-Zip: ALEDO, TX 76008

Title: D () Delete
Name: GUMBINNER, GAVIN H
Address: 5531 SW 88 TERR
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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 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: GENE L. VANCUREN

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04/13/2007

Electronic Signature of Signing Officer or Director

Date