Jul 20, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 07-20-2005 90028 001 ***150.00 **DOCUMENT # V09635** 1. Entity Name AIR TRAVEL & TOURS SERVICES, INC. Principal Place of Business Mailing Address 3501 W. VINE ST., #120 616 SUMMIT CT. KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 50056444 05312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3106721 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANCO TANTALEAN DO NOT WRITE 616 SUMMIT CT. KISSIMMEE, FL 34746 IN THIS SPACE 8. The above named entity submits thi ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agel SIGNATURE. Signature, type (NOTE: Registered Agent signsture required when minstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! PEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE TANTALEAN, LUZ E. NAME STREET ADDRESS 616 SUMMIT CT. KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE NAME VILLEGAS, FREDESVINDA 27 SOUTHWEST 7TH ST. STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 TITLE TANTALEAN, FRANCO NAME STREET ADDRESS 616 SUMMIT CT. DO NOT WRITE CITY-ST-ZIP KISSIMMEE, FL 34741 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAARE STREET ADDRESS CITY-ST-ZIP TILE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Rorida 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 empoyered 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 appropriet.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

TUBE AND TUBE ON PERIOD WANTE OF SKIMMY OFFICER OR DIRECTOR

707-935-001

FILED

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT **DOCUMENT # V09635** AIR TRAVEL & TOURS SERVICES, INC. Principal Place of Business Mailing Address 50056444 3501 W. VINE ST., #120 616 SUMMIT CT. KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3106721 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCO TANTALEAN 616 SUMMIT CT. Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34746 City Zip Code 8. The above named entity submits statement for the perbose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered/a SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Due by September 7, 2005 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME TANTALEAN, LUZ E. NAME STREET ADDRESS 616 SUMMIT CT. STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VILLEGAS, FREDESVINDA NAME STREET ADDRESS 27 SOUTHWEST 7TH ST. STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME TANTALEAN, FRANCO NAME STREET ADDRESS 616 SUMMIT CT. STREET ADDRESS CITY-ST-ZIP-KISSIMMEE, FL 34741- --CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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: