
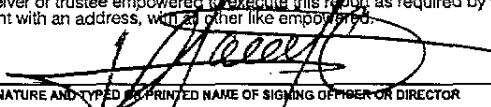


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # V09635 1. Entity Name AIR TRAVEL & TOURS SERVICES, INC.		
Principal Place of Business 3501 W. VINE ST., #120 KISSIMMEE, FL 34741 US		Mailing Address 616 SUMMIT CT. KISSIMMEE, FL 34741 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FRANCO TANTALEAN 616 SUMMIT CT. KISSIMMEE, FL 34746		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	TANTALEAN, LUZ E.	
STREET ADDRESS	616 SUMMIT CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	
NAME	VILLEGAS, FREDESVIDA	
STREET ADDRESS	27 SOUTHWEST 7TH ST.	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	
NAME	TANTALEAN, FRANCO	
STREET ADDRESS	616 SUMMIT CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4/29/2006 407-935-0014
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3106721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000559081
05/17/06-80123-005 150.00

**DO NOT WRITE
IN THIS SPACE**