2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42982

City-St-Zip:

LARGO, FL 33771

Entity Name: BAY PINES TRAVEL, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9653 BAY PINES BLVD ST PETERSBURG, FL 33708 **Current Mailing Address: New Mailing Address:** 9653 BAY PINES BLVD ST PETERSBURG, FL 33708 FEI Number: 59-3127688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOOTH, DONALD L SCHULTZ, MEGAN 8751 ULMERTON ROAD 8751 ULMERTON ROAD ATTN: LEGAL DEPARTMENT ATTN: LEGAL DEPARTMENT LARGO, FL 33771 US LARGO, FL 33771 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: MEGAN SCHULTZ 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition WOLF, BRYON W Name: Name: 8751 ULMERTON ROAD Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition ELIASSON, ROY A Name: Name: 8751 ULMERTON ROAD Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: Title: Title: () Delete () Change () Addition ELGIN, DEBORAH T Name: Name: 6639 EMERSON AVE S Address: Address: ST PETERSBURG, FL 33707 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition WOLF, ALFRED H ELIASSON, ROY A Name: Name: Address: 8751 ULMERTON ROAD Address: 8751 ULMERTON ROAD City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771 Title: SEC (X) Delete Title: () Change () Addition Name: BOOTH, DONALD L Name: 8751 ULMERTON ROAD Address: Address:

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.

City-St-Zip:

SIGNATURE: MEGAN SCHULTZ RA 04/30/2008