

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/21/2005-90004-004-\$150.00-\$150.00

DOCUMENT # F03000005002
 1. Entity Name
 GLOBALINKS TRAVEL, INC.



FILED

05 SEP 26 AM 11:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 11542 DODDWOOD DRIVE
 ESTERO, FL 33928

Mailing Address
~~20271 CALICE CT, #2301~~ 11542 DODDWOOD DR
 ESTERO, FL 33928



05202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2085786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOCKMAN, MARYANN
 11542 DODDWOOD DRIVE
 ESTERO, FL 33928

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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: Maryann Stockman (NOTE: Registered Agent signature required when reinstating) DATE: 6/15/05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STOCKMAN, MARYANN 11542 DODDWOOD DRIVE ESTERO, FL 33928
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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 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: Maryann Stockman DATE: 6/25/05 2399488339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #