


FILED

Apr 30, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business 11542 DODDWOOD DRIVE ESTERO, FL 33928	Mailing Address 11542 DODDWOOD DRIVE ESTERO, FL 33928
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04262007 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2085788	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STOCKMAN, MARYANN 11542 DODDWOOD DRIVE ESTERO, FL 33928	DO NOT WRITE IN THIS SPACE
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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: _____	(NOTE: Registered Agent signature required when retreating)	DATE _____
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**FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000743027
05/15/07-80093-009 50.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STOCKMAN, MARYANN 11542 DODDWOOD DRIVE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOCKMAN, DENNIS 11542 DODDWOOD DRIVE ESTERO, FL 33928
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Maryann Stockman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 239-9488339
Date Daytime Phone #

MARYANN STOCKMAN