

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007217

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: FIRST CHOICE EXPEDITIONS, INC.

## Current Principal Place of Business:

19345 US HIGHWAY 19 NORTH  
SUITE 402  
CLEARWATER, FL 33764

## New Principal Place of Business:

93 NORTH PARK PLACE BLVD.  
CLEARWATER, FL 33759

## Current Mailing Address:

19345 US HIGHWAY 19 NORTH  
SUITE 402  
CLEARWATER, FL 33764

## New Mailing Address:

93 NORTH PARK PLACE BLVD.  
CLEARWATER, FL 33759

FEI Number: 20-3890403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: FUQUA, JERRE  
Address: 4340 VON KARMANN, SUITE 400  
City-St-Zip: NEWPORT BEACH, FL 92660

Title: DVP  
Name: MCGRAYNOR, DAVID  
Address: TUI TRAVEL HOUSE, FLEMING WAY  
City-St-Zip: CRAWLEY, WEST SUSSEX, UK RH10 9QL

Title: TREA  
Name: LUKE, KAREN  
Address: 93 NORTH PARK PLACE BLVD.  
City-St-Zip: CLEARWATER, FL 33759

Title: DVP  
Name: JOHN, ANDREW  
Address: TUI TRAVEL HOUSE, FLEMING WAY  
City-St-Zip: CRAWLEY, WEST SUSSEX, UK RH10 9QL

Title: S  
Name: POOLE, WILLIAM  
Address: 201 17TH STREET NW, SUITE 1700  
City-St-Zip: ATLANTA, GA 30363

Title: A  
Name: SAMUELSON, CHARLES A  
Address: 93 NORTH PARK PLACE BLVD.  
City-St-Zip: CLEARWATER, FL 33759

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M. POOLE

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04/28/2010

Electronic Signature of Signing Officer or Director

Date