


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # K30446</b><br>1. Entity Name<br><b>GLOBAL TRAVEL PUBLISHERS, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>5353 N FEDERAL HWY<br/>#300<br/>FT LAUDERDALE, FL 33308 US</b> | Mailing Address<br><b>5353 N FEDERAL HWY<br/>#300<br/>FT LAUDERDALE, FL 33308 US</b> |
|--|--|



03242006 No Chg-P CR2E034 (11/05)

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|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>65-0087221</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>NOLTING, MARK W<br/>2811 NE 55TH PLACE<br/>FT LAUDERDALE, FL 33308</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>NOLTING, MARK W.<br>2811 NE 55TH PLACE<br>FT LAUDERDALE, FL 33308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>NOLTING, ALISON<br>2811 NE 5TH PLACE<br>FT LAUDERDALE, FL 33308   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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04/12/06-80054-012 150.00

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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:  **Mark W. Nolting, Pres 3/27/06 (954)491-8877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #