



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90011 008 \*\*\*150.00

<b>DOCUMENT # L93508</b> 1. Entity Name <b>UNIVERSAL TRAVEL CONSULTANTS, INC.</b>					
Principal Place of Business <b>740 FLORIDA BLVD</b> <b>ALTAMONTE SPRINGS, FL 32701 US</b>			Mailing Address <b>740 FLORIDA BLVD</b> <b>ALTAMONTE SPRGS, FL 32701 US</b>		
2. Principal Place of Business <b>5728 Major Blvd.</b> Suite, Apt. #, etc. <b>#503</b>		3. Mailing Address  Suite, Apt. #, etc.  			
City & State <b>Orlando FL</b>		City & State  		04272005 Chg-P CR2E034 (10/03)	
Zip <b>32819</b>		Country <b>Orlando</b>		4. FEI Number <b>59-3072843</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KEMP, CAROL</b> <b>740-FLORIDA BLVD</b> <b>ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KEMP, CAROL 740 FLORIDA BLVD ALTAMONTE SPRGS, FL	<input type="checkbox"/> Delete			
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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: <u>Carol Kemp</u> <span style="float: right;">5-4-05 407-999-9824</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					