

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90065 013 ***150.00

DOCUMENT # P01000105341

1. Entity Name
GLOBAL RESORTS INC.



Principal Place of Business
**SAN SEBASTIAN SQUARE
499 N. SR 434, SUITE #2159
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**SAN SEBASTIAN SQUARE
499 N. SR 434, SUITE #2159
ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business

27 N Summerlin Ave
Suite, Apt. #, etc.

3. Mailing Address

27 N Summerlin Ave
Suite, Apt. #, etc.

02282006

Chg-P

CR2E034 (11/05)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

62-1870592

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUTHRA, VIJAY KUMAR
SAN SEBASTIAN SQUARE
499 N. SR 434, SUITE #2159
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name

Luthra, Vijay K.

Street Address (P.O. Box Number is Not Acceptable)

27 N Summerlin Ave

City

Orlando

FL

Zip Code

32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KUMAR, LUTHRA V
499 N. SR 434 #2159
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUTHRA, VENN K
300 MAGNOLIA LK DR
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR
Luthra, Vijay K.
27 N Summerlin Ave
Orlando FL 32801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR
Luthra, Venu
2015 BLUE HERON
Melbourne FL 32940** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06

**407
649-9888**