2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT												
DOCUMENT # P94000023919								l ·				
1. Entity Name GLOBAL RESORT MANAGEMENT. INC.								· 0	6 OCT 1 \	AH 9:	40	
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Principal Place 401 CORBET	iling Address 11 CORBETT ST			<u>)</u> .	FFVHV29		.,,,,					
STE 450 CLEARWATER, FL 33756 US				STE 450 Clearwater, FL 33756 US								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				09152006	Chg-P	CR2E	034 (11/05)	
City & State			Cir	City & State				4. FEI Numbe 59-323		-		oplied For of Applicable
Zip	Zip Country		Ziş	Zip Cour		ntry	5. Certificate of Status D				\$8.75 Add	ditional
6. Name and Address of Current			nt Registe	Registered Agent			7. Name and Address of New Registered Agent					
MINOTAKIS, STELIOS						Name Anouska Morritt						
401 CORBETT ST						Street Address (P.O. Box Number is Not Acceptable) 401 Corbett St., Suite 450						
STE 450 CLEARWATER, FL 33756							001	5000 50	, Duit	150	<u> </u>	
							Clearwater			Fl	Zip Cod	956
8. The above named entity submits this supports for the purpose of changing its registered office or registered before the obligations of registered periods.								ed agent, or both	n, in the State of I	lorida. I am	familiar with,	and accept
SIGNATURE 9-14-66												
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if a	pplicable (NOTE	Registere	ed Agent signatur	re required	when reinstating)		DATE		
Am	nended Af	l is \$61.25		9. Election Campai Trust Fund Conti				00 May Be ed to Fees				
10.		OFFICERS AN	ID DIRECT	ORS	11.			ADDITIONS/6	CHANGES TO OI	FICERS AN	D DIRECTOR	S IN 11
TITLE	TD Delete III							·		. — . — . —	☐ Change	Addition
NAME STREET ADDRESS	MORRITT, ANOUSKA 401 CORBETT ST, STE 450					1E EET ADDRESS		10/11	30086 1786818	1 (]=[] 5800:	//ЫЫ 2 **61.	ρĘ
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NAME				_ 5000	NAM	IE						
STREET ADDRESS CITY-ST-ZIP					-	ET ADDRESS - ST · ZIP						
12. I hereby certify that the information supplied with this filling 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 importance. Seecute 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 a processing the sempowered.												
SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Object On District Proce #												
		SIGNATURE AND TYPED O	R PRINTED N	AME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytime Phone #	

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