

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000018135 1. Entity Name WILSON TRAVEL GROUP, INC.						FILED 06 MAY 16 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8505 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747-8201				Mailing Address 8505 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747-8201			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3306307				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
300076164119 06/14/06--01005--028 **70.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILSON, SPENCE 1629 WINCHESTER ROAD MEMPHIS, TN 38116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Sheet for All Other Officers		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARRILL, DON L 8505 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, ROBERT A 1629 WINCHESTER RD. MEMPHIS, TN 38116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATT, WILLIAM R 1629 WINCHESTER RD. MEMPHIS, TN 38116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, CAROLE W 1629 WINCHESTER RD. MEMPHIS, TN 38116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BETTY W 1629 WINCHESTER RD. MEMPHIS, TN 38116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Scott Melhus 8505 W Irlo Bronson Mem. Hwy. Kissimmee, FL 34747		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/12/06 Daytime Phone # 407.239-1034			

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WILSON TRAVEL GROUP, INC.
(FEI # 59-3306307)

8700 Trail Lake Dr. West, Suite 300
Memphis, TN 38125

Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	T
Gary McClain	S

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Don L. Harrill	P/CEO
Brian T. Lower	Sr. VP/Asst. S
Thomas R. Nelson	Sr. VP/CFO
Robert L. Shaw	VP
Scott Melhus	VP
Catherine Ann Duncan	Asst. VP

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant