

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023916

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: GLOBAL TOURS & TRAVEL, INC.

## Current Principal Place of Business:

559 W EAU GALLIE BLVD  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

559 W EAU GALLIE BLVD  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 59-3299581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLANCHARD, RALPH  
4273 TURTLE MOUND ROAD  
MELBOURNE, FL 32934 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLANCHARD, RALPH J  
Address: 4273 TURTLE MOUND ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: BLANCHARD, GERALDINE T  
Address: 4273 TURTLE MOUND ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: SPENSLEY, LORENA  
Address: 4273 TURTLE MOUND ROAD  
City-St-Zip: MELBOURNE, FL 32934

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SPENSLEY, LORENA  
Address: 4485 CANARD ROAD  
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH J. BLANCHARD

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04/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date