


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S49180 1. Entity Name UNIGLOBE TRAVEL (SOUTH CENTRAL) INC.	
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Principal Place of Business 101 EAST KENNEDY BLVD 2000 TAMPA, FL 33602 US	Mailing Address 1199 W PENDER STREET 900 VANCOUVER BRITISH COLUMBIA V6C 1V3, XX
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07072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3061402	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BEYER, DAVID A. 101 EAST KENNEDY BLVD. SUITE 2000 TAMPA, FL 33602-5133
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**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

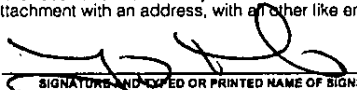
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CHARLWOOD, MARTIN 1199 W PENDER ST STE 900 VANCOUVER, BC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTRAM, TRACY 1199 W PENDER ST SUITE 900 VANCOUVER, BC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:



Tracy Bartram

07/10/06 (604)718-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #