

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026264

FILED
Jan 25, 2005
Secretary of State

Entity Name: IGLOBAL NETWORKS.COM, INC.

Current Principal Place of Business:

15436 N FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

15436 N FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3702973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNTING PROFESSIONALS INC
12421 N FLORIDA AVE
B-125
TAMPA, FL 33612 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: P/D () Delete
Name: WILKINS, JOSEPH H JR
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: S/D () Delete
Name: RIBELIN, DANIEL
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: V/D () Delete
Name: MIDYETT, EDDY
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: V/D () Delete
Name: DEBARTOLO, LISA
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: WILLIS, MICHAEL A
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: EDDY MIDYETT

V/D

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date