


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90094 033 ***150.00

DOCUMENT # P05000125625		
1. Entity Name GLOBAL INDUSTRIAL PREMIUM SALVAGE, INC.		
Principal Place of Business 1288 SW 7TH STREET BOCA RATON, FL 33486	Mailing Address 1288 SW 7TH STREET BOCA RATON, FL 33486	

40033542



2. Principal Place of Business - No P.O. Box # <i>11844 N.W. 11th CT</i>	3. Mailing Address <i>11844 N.W. 11th CT</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)

City & State <i>Coral Springs, FL</i>	City & State <i>Coral Springs, FL</i>	4. FEI Number 20-4623340	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33067</i>	Country <i>USA</i>	Zip <i>33067</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent
 DUNPHY, JAMES T
 1288 SW 7TH ST
 BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
 Name *Paul Thielman*
 Street Address (P.O. Box Number is Not Acceptable)
11844 N.W. 11th CT
 City *Coral Springs* FL Zip Code *33067*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: *3-7-2007*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERSON, DONALD SR. 2477 FRONT STREET EASTON, PA 18042 <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 DUNPHY, JAMES T 1288 SW 7TH STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>James T Dunphy 8 Jakes way Narragansett, R.I. 02882</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: *3-5-2007* DAYTIME PHONE #: *561-901-3207*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR