

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90044 003 ***150.00

| | |
|---|---|
| DOCUMENT # P06000134180 1. Entity Name GLOBAL CLIENT SERVICES INC., |  |
|---|---|

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|---|---|
| Principal Place of Business 11312 FENIMORE CT. WINDERMERE, FL 34786 | Mailing Address 11312 FENIMORE CT. WINDERMERE, FL 34786 |
|---|---|

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|--|--|
| 2. Principal Place of Business - No P.O. Box # 5036 DR PHILLIPS BLVD Suite, Apt. #, etc. | 3. Mailing Address 5036 DR PHILLIPS BLVD Suite, Apt. #, etc. |
|--|--|



05252007 Chg-P CR2E034 (12/06)

| | |
|----------------------------|----------------------------|
| City & State ORLANDO FL | City & State ORLANDO FL |
| Zip 32819 | Country USA |

| | |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|---------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

CALABRESE, MATTHEW J
11312 FENIMORE CT
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name: CALABRESE MATTHEW
 Street Address (P.O. Box Number is Not Acceptable): 5036 DR PHILLIPS BLVD
 City: ORLANDO FL Zip Code: 32819

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: *Matthew J Calabrese* DATE: 9/28/07

Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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 | P | <input type="checkbox"/> Delete |
| NAME | CALABRESE, MATTHEW J | |
| STREET ADDRESS | 11312 FENIMORE CT. | |
| CITY - ST - ZIP | WINDERMERE, FL 34786 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALABRESE, MATTHEW J. | |
| STREET ADDRESS | 5036 DR. PHILLIPS BLVD | |
| CITY - ST - ZIP | ORLANDO, FL 32819 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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: *Matthew J Calabrese* DATE: 9/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #