2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State 05-02-2005 90971 032 ***150.00

DOCUMENT # P97000015015 1. Entity Name GLOBAL MARKETING & CONSULTING ENTERPRISES, INC.						05-02-2005 90971 032 ***150.00					
								40010	• • •		
Principal Place of Business Mailing Address 803 ROYAL DRIVE 803 ROYAL DRIVE LARGO, FL 33770 LARGO, FL 33770								. •			
				,			1 100 (100 11 11 11	EN 1891 GEN EGN FON OEM	E019) H001 07	# 	
2. Principal Place of Business			3. Ma	3. Mailing address Box 492							
Suite, Apt.	. #, etc.		Sui	Suite, Apt. #, etc.			04222005	Chg-P	CR2E03	34 (10/03)	
City & State			City	y & State	. FL		4. FEI Number 65-0729				plied For t Applicable
Zip		Country	Zip	33779	Country			f Status Desired		8.75 Add	itional
	6. Name and Address of Current Registered Agent						7. Name and A	Address of New Re	gistered A	gent	
TUOMAS IOUNID											
THOMAS, JOHN P 803 ROYAL DRIVE					Street Ad	ddress (I	P.O. Box Number	is Not Acceptable)		
LARGO, FL 33770										 -	
					City					Zip Code	
The above named entity submits this statement for the purpose of changing its regist						FL = · · · · ·					
the obligat	named entiti tions of regist	y submits this statement tered agent.	t for the purp	pose of changing its r	egistered office or	register	ed agent, or both	i, in the State of Flor	rida. I am fa	amiliar with,	and accept
SIGNATURE.	Signatura broad	or printed name of registered ag	ent and title if an	policable (NOTE:	Registered Agent signatu	ra ram irad	when reinstation?		DATE		
		a prince have at registered by	, , , , , , , , , , , , , , , , , , ,	product. (NOTE.	Tragilater out Agent segrent	- 0 10 QUI 60	when tollisizating)		UAIE	,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution											
			0.00			\$5. Add	00 May Be ed to Fees				
	ay 1, 200			Trust Fund Contri		\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
10.	PSTD	5 Fee will be \$550 OFFICERS AN		Trust Fund Contri	11.	\$5. Add	ed to Fees	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
10.	PSTD THOMAS	OFFICERS AN		Trust Fund Contri DRS	11. TITLE NAME	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND		
10.	PSTD	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri DRS	11.	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND		
10. TITLE NAME STREET ADDRESS	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri DRS	11. TITLE NAME STREET ADDRESS	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	Dution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	Dution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	Dution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME STREET ADDRESS	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	Dution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME TITLE NAME NAME	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	DULTION	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change	Addition
After Ma 10. 7ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	DULTION	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change ☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	DULTION	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change	Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	DULTION	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change ☐ Change	Addition Addition
After Ma 10. 7ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri DRS Delete Delete Delete Delete	DULTION. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	Change Change Change	Addition Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri	DULTION	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change ☐ Change	Addition Addition
After Ma 10. 7ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD THOMAS 803 ROY/	OFFICERS AN OFFICERS AN JOHN P AL DRIVE		Trust Fund Contri DRS Delete Delete Delete Delete	DUTION	\$5. Add	ed to Fees	CHANGES TO OFFI	CERS AND	Change Change Change	Addition Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental poort 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and triat my name appears in Block #0 or Block 11 if changed, or on an attachment with an oddress, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ED NAME OF SIGNING OFFICER OR DIRECTOR