

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90152 013 \*\*\*150.00

<b>DOCUMENT # P97000015015</b>					
<b>1. Entity Name</b> GLOBAL MARKETING & CONSULTING ENTERPRISES, INC.					
<b>Principal Place of Business</b> 803 ROYAL DRIVE LARGO, FL 33770			<b>Mailing Address</b> P.O. BOX 492 LARGO, FL 33779		
<b>2. Principal Place of Business - No P.O. Box #</b> 914 Curlew Rd		<b>3. Mailing Address</b> 914 Curlew Rd			
Suite, Apt. #, etc. Suite 177		Suite, Apt. #, etc. Suite 177			
City & State Dunedin, FL		City & State Dunedin, FL			
Zip 34698		Zip 34698			
Country USA		Country USA		04282008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 65-0729396				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  THOMAS, JOHN P 803 ROYAL DRIVE LARGO, FL 33770			<b>7. Name and Address of New Registered Agent</b> Name: Thomas, John P Street Address (P.O. Box Number is Not Acceptable): 914 Curlew Rd. # 177 City: Dunedin    FL    Zip Code: 34698		
<b>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.</b>  SIGNATURE: <u>John P Thomas / President</u> DATE: <u>4/28/08</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOMAS, JOHN P POB 492 LARGO, FL 33779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD John Thomas 914 Curlew Rd #177 Dunedin FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
<b>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.</b>					
SIGNATURE: <u>John P Thomas / President</u>			Date: <u>4/28/08</u> Daytime Phone #: <u>727/641-3400</u>		