

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041090

FILED
Mar 22, 2004
Secretary of State

Entity Name: GLOBAL FUNDING SOURCES, INC.

Current Principal Place of Business:

310 VIRGINIA AVE.
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3526838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZONE, A D
310 VIRGINIA AVE.
SAFETY HARBOR, FL 34677 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: VP () Delete
Name: PRESSMAN, MARTHA
Address: 1737 PINE RIDGE WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: P () Delete
Name: MAZZONE, A. D
Address: 310 VIRGINIA AVE.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ST () Delete
Name: PRESSMAN, MARTHA
Address: 1737 PINE RIDGE WAY
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRESSMAN, MARTHA
Address: 1737 PINE RIDGE WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: VP (X) Change () Addition
Name: MAZZONE, A. D
Address: 310 VIRGINIA AVE.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ST (X) Change () Addition
Name: MAZZONE, A.D.
Address: 310 VIRGINIA AVE
City-St-Zip: SAFETY HARBOR, FL 34695

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: A.D. MAZZONE

VP

03/22/2004

Electronic Signature of Signing Officer or Director

_____ Date