


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

7/7/2005-90003-023-\$150.00-\$150.00

**DOCUMENT # P99000105505**  
 1. Entity Name  
**GLOBAL BOUNDARIES, INC.**



Principal Place of Business      Mailing Address  
 1234 COMMERCE BLVD      1234 COMMERCE BLVD  
 SARASOTA, FL 34243      SARASOTA, FL 34243

**DO NOT WRITE IN THIS SPACE**

**FILED**  
 05 AUG -4 AM 8:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



06292005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0969930**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GENTLE, RYAN L  
 5315 8 AVE DRIVE WEST  
 BRADENTON, FL 34209

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*      *[Signature]*      *6/29/05*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reappointing)      DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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
NAME	GENTLE, RYAN
STREET ADDRESS	5315 8 AVE DRIVE WEST
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	VP
NAME	LAURA GENTLE
STREET ADDRESS	5315 8 AVE DR W.
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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]*      *6/29/05*      *(941) 927-6000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Roberts AUG 10 2005