2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006790

Address:

City-St-Zip:

Entity Name: GLOBAL BUSINESS ASSIST, INC.

Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 36 LOGGERHEAD LANE PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** 60 W. TERRA COTTA AVENUE CRYSTAL LAKE, IL 60014 FEI Number: 59-3738295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERRY, MICHAEL L JR FOUR SAWGRASS VILLAGE SUITE 230-B PONTE VEDRA BEACH, FL 32082 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MANN, WILLIAM D Name: Name: 3007 GARDEN LANE Address: Address: City-St-Zip: CRYSTAL LAKE, IL 60012 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ELLIOTT, STEPHEN M Name: SEARLES, RYAN Address: 4707 HARLEQUIN WAY Address: 192 TALISMON DRIVE City-St-Zip: CHESAPEAKE, VA 23321 City-St-Zip: CRYSTAL LAKE, IL 60012 Title: () Delete Title: (X) Change () Addition KAUFMAN, STEPHEN JEFFRIES, MICHAEL K Name: Name: 6808 NEW HAMPSHIRE TR. Address: 301 E BROWARD BLVD Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: CRYSTAL LAKE, IL 60012 Title: () Delete Title: () Change (X) Addition Name: Name: BOYLES, STEVEN

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

3405 FOREST DRIVE

MCHENRY, IL 60050

SIGNATURE: WILLIAM D. MANN **PRES** 04/25/2005