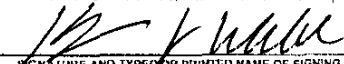


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 003 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000006203 1. Entity Name GLOBAL TELECOM & TECHNOLOGY AMERICAS, INC.					
Principal Place of Business 8484 WESTPARK DR STE 720 MC LEAN, VA 22102			Mailing Address 135 N CHURCH ST STE 4 KALAMAZOO, MI 49007		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 107 W Michigan Ave 4th Fl Suite, Apt. #, etc.			
City & State Zip		City & State Kalamazoo MI Zip 49007		4. FEI Number 54-1913747 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ Signature, typed or printed name of registered agent, and title as applicable. (If 2008 For Profit Annual Report is required, signature required on form 2008)	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KEENAN, D. MICHAEL 8484 WESTPARK SR STE 720 MC LEAN, VA 22102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Calder Jr 8484 Westpark Dr Ste 720 McLean VA 22102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMANO, MICHAEL 8484 WESTPARK DR. STE 720 MC LEAN, VA 22102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kevin J Welch 8484 Westpark Dr Ste 720 McLean VA 22102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: 			Kevin J Welch		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			703-442-5500		