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

05-02-2008 90152 013 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000015015

1. Entity Name
GLOBAL MARKETING & CONSULTING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
803 ROYAL DRIVE LARGO, FL 33770	P.O. BOX 492 LARGO, FL 33779

04282008 Chg-P CR2E034 (12/06)

	2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Street	914 Curlew Rd	914 Curlew Rd
Suite, Apt. #, etc.	Suite 177	Suite 177
City & State	Dunedin, FL	Dunedin, FL
Zip / Country	34698 / USA	34698 / USA

4. FEI Number: 65-0729396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JOHN P
803 ROYAL DRIVE
LARGO, FL 33770

7. Name and Address of New Registered Agent

Name: Thomas, John P
Street Address (P.O. Box Number is Not Acceptable): 914 Curlew Rd. # 177
City: Dunedin FL Zip Code: 34698

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] John P Thomas / President 4/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	THOMAS, JOHN P	
STREET ADDRESS	POB 492	
CITY-ST-ZIP	LARGO, FL 33779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☑ Change ☐ Addition
NAME	John Thomas	
STREET ADDRESS	914 Curlew Rd #177	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 [signature], President 4/28/08 727/641-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #