

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006790

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: GLOBAL BUSINESS ASSIST, INC.

**Current Principal Place of Business:**

FOUR SAWGRASS VILLAGE  
SUITE 230  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

60 W. TERRA COTTA AVENUE  
197  
CRYSTAL LAKE, IL 60014

**New Mailing Address:**

FEI Number: 59-3738295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANTHONY, MALCOLM  
FOUR SAWGRASS VILLAGE  
SUITE 230  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MANN, WILLIAM D  
Address: 60 W. TERRA COTTA AVE. #197  
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: VP ( ) Delete  
Name: KAUFMAN, STEPHEN  
Address: 60 W. TERRA COTTA AVE. #197  
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: SEC ( ) Delete  
Name: BOYLES, STEVEN  
Address: 60 W. TERRA COTTA AVE. #197  
City-St-Zip: CRYSTAL LAKE, IL 60014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: WILLIAM D. MANN

PRES

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date