

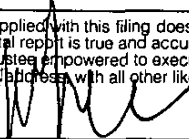


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90020 011 ***150.00

DOCUMENT # 460106		
1. Entity Name GLOBAL FINANCIAL GROUP, INC.		
Principal Place of Business 2011 N.E. 196TH TERR. NO. MIAMI BEACH, FL 33179		Mailing Address 2011 N.E. 196TH TERR. NO. MIAMI BEACH, FL 33179
DO NOT WRITE IN THIS SPACE		
		 07052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1547505 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JAFJE, AL 2011 N.E. 196TH TERR. NO. MIAMI BEACH, FL 33179		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	JAFJE, AL	
STREET ADDRESS	2011 N.E. 196TH TERR.	
CITY-ST-ZIP	NO. MIAMI BCH, FL	
TITLE	S	
NAME	JAFJE, ARTHUR	
STREET ADDRESS	2011 N.E. 196TH TERR.	
CITY-ST-ZIP	NO. MIAMI BCH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: 		7/5/06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		954-988-1040 Daytime Phone #