

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002622

FILED  
Jan 19, 2004  
Secretary of State

Entity Name: GLOBAL CELLULAR ACCESSORIES, INC.

## Current Principal Place of Business:

5910 SHILOH RD E  
SUITE 106  
ALPHARETTA, GA 30005

## New Principal Place of Business:

## Current Mailing Address:

5910 SHILOH RD E  
SUITE 106  
ALPHARETTA, GA 30005

## New Mailing Address:

FEI Number: 58-2533729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SKOURAS, DORINNE  
1800 MOSSWOOD DR  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

SKOURAS, DORINNE  
2227 SPRING CREEK CIRCLE  
PALM BAY, FL 32905 US

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:

01/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SKOURAS, KOSTANTINOS  
Address: 2480 BAGLEY RD.  
City-St-Zip: CUMMING, GA 30041

Title: V ( ) Delete  
Name: BROWN, JOSEPH  
Address: 2480 BAGLEY RD.  
City-St-Zip: CUMMING, GA 30041

Title: S ( ) Delete  
Name: BROWN, JAIME  
Address: 2480 BAGLEY RD.  
City-St-Zip: CUMMING, GA 30041

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

SIGNATURE: KOSTANTINOS R SKOURAS

PRES

01/19/2004

Electronic Signature of Signing Officer or Director

Date