2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 25, 2007 08:00 All Secretary of State DOCUMENT # F01000004503 1. Entity Name GLOBAL THERMAL ENTERPRISES, INC. Principal Place of Business Mailing Address 18527 AVOCET DR. 18527 AVOCET DR. LUTZ, FL 33558-2704 LUTZ, FL 33558 04022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1693082 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDBERG, NORMAN DO NOT WRITE 18527 AVOCET DR. LUTZ, FL 33558 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. SÍGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 31, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 1 Trust Fund Contribution. - After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE GOLDBERG, NORMAN NAME 18527 AVOCET DR. STREET ADDRESS U00000732241 05/09/07-80038-017 150.00 CITY-ST-ZIP LUTZ, FL 335582704 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes, 1 further certify that the information indicated on this report or supplemental report is true and acquirate 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: X___

STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 8/3-96x-3/17