2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005820

Entity Name: GLOVIS AMERICA, INC.

FILED Feb 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1665 SCENIC AVENUE SUITE 250 COSTA MESA, CA 92626 **New Mailing Address: Current Mailing Address:** 1665 SCENIC AVENUE SUITE 250 COSTA MESA, CA 92626 FEI Number: 06-1658107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD () Delete Title: CEOD (X) Change () Addition

Name: LEE, JU E Name: LEE, JU E 3535 HYLAND AVE 1665 SCENIC AVE SUITE 250 Address: Address: City-St-Zip: COSTA MESA, CA 92626 City-St-Zip: COSTA MESA, CA 92626 CFO Title: CFO Title: () Delete (X) Change () Addition KIM, KENNETH Name: Name: KIM. KENNETH 3535 HYLAND AVE 1665 SCENIC AVE SUITE 250 Address: Address: COSTA MESA, CA 92626 COSTA MESA, CA 92626 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition VD Title: VD. BAISDEN, MARVIN P BAISDEN, MARVIN P Name: Name: 3535 HYLAND AVE 1665 SCENIC AVE SUITE 250 Address: Address: City-St-Zip: COSTA MESA, CA 92626 City-St-Zip: COSTA MESA, CA 92626

Title: () Delete Title: (X) Change () Addition KOO, JA M KOO, JA M Name: Name: Address: 3535 HYLAND AVE Address: 1665 SCENIC AVE SUITE 250 City-St-Zip: COSTA MESA, CA 92626 City-St-Zip: COSTA MESA, CA 92626

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: JA MIN KOO Τ 02/25/2005