2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 DEC -1 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

T. Roberts DEC. 02 2005

DOCUMENT # F03000004274

1. Entity Name
GLOBAL TOUCH TELECOM, INC.

Principal Place of Business	Mailing Address
11845 W. OLYMPIC BLVD., SUITE 600 LOS ANGELES, CA 90064	11845 W. OLYMPIC BLVD., SUITE 600 LOS ANGELES, CA 90064

07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2340850
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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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 _____ 11-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOC
NAME	WELCH, GREG
STREET ADDRESS	11845 W. OLYMPIC BLVD., SUITE 600
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	PVC
NAME	REES, CLIFF
STREET ADDRESS	11845 W. OLYMPIC BLVD., SUITE 600
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	CFO
NAME	MADDOX, JAMES JR
STREET ADDRESS	11845 W. OLYMPIC BLVD., SUITE 600
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200060622752
10/14/05--01047--008 **550.00

200060622752
12/01/05--01041--007 **200.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ ERYN SEARS 10/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #