2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000442

Entity Name: GLOBAL CONNECTIONS OF KANSAS, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

5320 COLLEGE BLVD 5360 COLLEGE BLVD

OVERLAND PARK, KS 66211 SUITE 200

OVERLAND PARK, KS 66211

Current Mailing Address: New Mailing Address:

5360 COLLEGE BLVD 5320 COLLEGE BLVD OVERLAND PARK, KS 66211

SUITE 200

OVERLAND PARK, KS 66211

FEI Number: 48-1186692 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:

UTTER, DANA 400 S ATLANTIC AVE ORMOND BEACH, FL 32136 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: () Delete Title: (X) Change () Addition

LYONS, THOMAS D LYONS, THOMAS D Name: Name: 5320 COLLEGE BLVD 5360 COLLEGE BLVD, SUITE 200 Address: Address:

City-St-Zip: OVERLAND PARK, KS 66211 City-St-Zip: OVERLAND PARK, KS 66211

Title: VΡ Title: VΡ (X) Change () Addition () Delete

Name: POWERS, CATHY Name: POWERS, CATHY

5320 COLLEGE BLVD 5360 COLLEGE BLVD, SUITE 200 Address: Address: OVERLAND PARK, KS 66211 OVERLAND PARK, KS 66211 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

ZAWOJSKI, FRANK Name: ZAWOJSKI, FRANK Name:

5320 COLLEGE BLVD 5360 COLLEGE BLVD, SUITE 200 Address: Address: City-St-Zip: OVERLAND PARK, KS 66211 City-St-Zip: OVERLAND PARK, KS 66211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM LYONS CP 03/19/2009