

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000006758

FILED
Feb 15, 2008
Secretary of State**Entity Name:** GLOBAL REALTY MARKETING, INC.**Current Principal Place of Business:**6465 EAST JOHNS CROSSING
JOHNS CREEK, GA 30097**New Principal Place of Business:****Current Mailing Address:**6465 EAST JOHNS CROSSING
JOHNS CREEK, GA 30097**New Mailing Address:****FEI Number:** 20-1568020**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ADKINS, JOSEPH
101 SOUTH WYMORE ROAD
SUITE 200
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: HUMPHREY, S. HUBERT JR.
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US**Title:** D () Delete
Name: MONTGOMERY, THOMAS W SR.
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US**Title:** DVP () Delete
Name: NASH, GARNETT W
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US**Title:** CEO () Delete
Name: WILD, DAVID L
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US**Title:** P () Delete
Name: WILD, DAVID L
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US**Title:** S/T () Delete
Name: DOLLAR, ROBERT S
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US**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:**Title:** CEOP (X) Change () Addition
Name: WILD, DAVID L
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US**Title:** D (X) Change () Addition
Name: JOSEPH, ADKINS
Address: 101 SOUTH WYMORE ROAD SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: GARNETT W. NASH

DVP

02/15/2008

Electronic Signature of Signing Officer or Director_____
Date