


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90029 024 \*\*\*150.00

<b>DOCUMENT # F07000003995</b> 1. Entity Name <b>GLOBAL RESOURCE MANAGEMENT, INC.</b>					
Principal Place of Business <b>557 MANAYUNK RD. BALA CYNWYD, PA 19004</b>			Mailing Address <b>557 MANAYUNK RD. BALA CYNWYD, PA 19004</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country <b>USA</b>		4. FEI Number <b>41-2061694</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>VAUGHAN, KELSEY 9621 FONTAINEBLEAU BLVD., STE. 110 MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name <b>BARBARA K. MILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3850 OAKS CLUBHOUSE DRIVE #102</b> City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33069</b>		
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 <i>[Signature]</i> <b>REGISTERED AGENT</b> x <b>1/30/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <b>MARTIN, GEOFFREY 557 MANAYUNK RD. BALA CYNWYD, PA 19004</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JOHNSON, LARRY 1363 BELLSMITH DR. ROSWELL, GA 30076</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> <b>GEOFFREY MARTIN</b> <b>1/18/08</b> <b>215-238-9930</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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