

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003916

FILED
Apr 30, 2009
Secretary of State

Entity Name: GLOBAL PUBLISHING SOLUTIONS, INC.

Current Principal Place of Business:

951 WILDWOOD DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

1336 LAUREL LANE
WESTMINSTER, MD 21158

Current Mailing Address:

951 WILDWOOD DRIVE
MELBOURNE, FL 32940

New Mailing Address:

1336 LAUREL LANE
WESTMINSTER, MD 21158

FEI Number: 26-3011895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JAMES
951 WILDWOOD DRIVE
MELBOURNE, FL 32940 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C (X) Delete
Name: NARAYANAN, MADHAVA MENON S
Address: 11TH FLOOR, BRINDABAN 3, POONAM NAGAR
City-St-Zip: ANDHERI (EAST) MUMBAI INDIA, 400 093

Title: PV () Delete
Name: STEVENS, LAWRENCE G
Address: THREE PIWERS, THAMES STREET, LECHLADE
City-St-Zip: GLOUCESTERSHIRE GL&, 3AG,

Title: D () Delete
Name: PRABHAKAR, V. RAM
Address: C401 3RD FL. THE ATRIUM NEW 22 KALAKSHETRA
City-St-Zip: THIRUVANMIYUR CHANNAI INDIA, 600 041

Title: D () Delete
Name: PARASURAMAN, MAHESH
Address: FLAT NO 402 KUM KUM PLOT NO 597 16TH ROAD
City-St-Zip: BANDRA (WEST) MUBAI INDIA, 400 061

Title: V (X) Delete
Name: GREEN, JAMES
Address: 951 WILDWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: ST () Delete
Name: SHANKAR, HARIHARA
Address: 60/3 LATTICE BRIDGE RD
City-St-Zip: THIRUMVANMIYUR CHENNAI INDIA, 600 041

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: M.C. ARENDES, JR.

ATTY

04/30/2009

Electronic Signature of Signing Officer or Director

Date