



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000006836 1. Entity Name GLOBAL ASSOCIATES INC. OF NEVADA						FILED 06 NOV 20 AM 11: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2509 SUCCESS DRIVE ODESSA, FL 33556				Mailing Address 2509 SUCCESS DRIVE ODESSA, FL 33556			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11327 Challer Avenue Suite, Apt. #, etc.					
City & State Odessa, FL		City & State Odessa, FL		4. FEI Number 59-3439624		Applied For <input type="checkbox"/> Not Applicable	
Zip 33556	Country	Zip 33556	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		06	
6. Name and Address of Current Registered Agent DEVRIES, ROBERT W 2509 SUCCESS DRIVE ODESSA, FL 33556				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11327 Challenger Avenue City Odessa FL Zip Code 33556			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEVRIES, ROBERT W 4725 MARINE PKWY. NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082329903 12/06/06--01060--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # _____			