


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000001001 1. Entity Name GLOBAL TC SOLUTIONS, INC.	
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Principal Place of Business TC SOLUTIONS INC 70 FALMOUTH ST SHORT HILLS, NJ 07078 US	Mailing Address TC SOLUTIONS INC 70 FALMOUTH ST SHORT HILLS, NJ 07078 US
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08022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0768481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY, EUGENE
 17759 LAKE ESTATES DR.
 BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC COOPERMAN, EDWIN 17651 LAKE ESTATES DR. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT TERRY, EUGENE 17759 LAKE ESTATES DR. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPERMAN, E. 17651 LAKE ESTATES DR. BOCA RATON, FL 33496
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 08/08/07-80001-011 550.00

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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: _____ *[Signature]* **8/2/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #