2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CiTY-ST-ZIP

changed, or on an attachm

SIGNATURE

Apr. 07, 2004 08:00 AM Secretary of State DOCUMENT # G37450. . 1. Entity Name INTERGLOBAL, INC. Mailing Address Principal Place of Business 200 BALD CYPRESS CT. 200 BALD CYPRESS CT. LONGWOOD, FL 32779 LONGWOOD, FL 32779 No Chg-P CR2E034 (10/03) 04042004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2294793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUNSCHWIG, THIERRY DO NOT WRITE 200 BALD CYPRESS CT. LONGWOOD, FL 32779 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life if applicable U00000105252 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 04/07/04-80017-021 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRUNSCHWIG, THIERRY NAME STREET ADDRESS 200 BALD CYPRESS CT. LONGWOOD, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CSTY-ST-2IP TITLE NAME STREET ACCRESS CUTY-ST-ZIP BITLE

12. I hereby certify that the information supplied with this filling edges not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 rederver or trustee empowered toleractute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

KE OF SIGNING OFFICER OR DIRECTOR

88UNSCHW16 4/4/2004

FILED