


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # H00854 | |  |
| 1. Entity Name GLOBAL-BAU, INC. | | |

FILED

05 MAY 10 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business POST OFFICE BOX ONE 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 34140 | Mailing Address POST OFFICE BOX ONE 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 34146 US |
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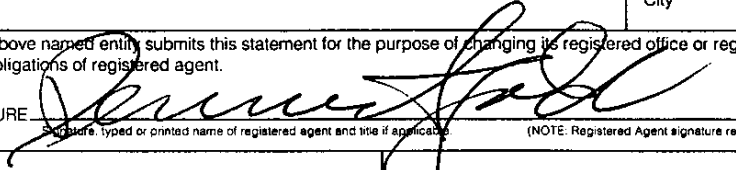
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|---|---|
| 2. Principal Place of Business 2335 Tamiami Trail North Suite, Apt. #, etc. Suite 301 City & State Naples, Florida Zip 34103 Country USA | 3. Mailing Address 2335 Tamiami Trail North Suite, Apt. #, etc. Suite 301 City & State Naples, Florida Zip 34103 Country USA |
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05062005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2424917 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WOODWARD, PIRES & LOMBARDO, P.A. 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 33937 | 7. Name and Address of New Registered Agent Name Dennis S. Gold, Esq. Street Address (P.O. Box Number is Not Acceptable) 2335 Tamiami Trail North, Suite 301 City Naples FL Zip Code 34103 |
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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.

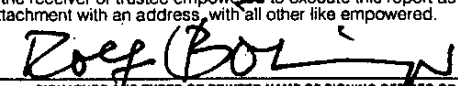
SIGNATURE  DATE 5/4/05

(NOTE: Registered Agent signature required when reinstating)

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BOEHRINGER, ROLF 369 PINE AVENUE NAPLES, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Boehringer, Rolf 369 Pine Avenue Naples, Florida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BOEHRINGER, ROLF 369 PINE AVENUE NAPLES, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Boehringer, Nadine 2335 Tamiami Trail No., #301 Naples, Florida 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Boehringer, Lilian 369 Pine Avenue Naples, Florida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500054867465 05/19/05--01081--008 **70.00 <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 |

12. I hereby certify that the information supplied with this filing does 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 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:  DATE 5-6-05 238-648-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/05