## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K80407

Entity Name: GLOBAL DIGITAL SOLUTIONS, INC.

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

403 S. SAPODILLA AVENUE 225 NE 1ST ST

404 213

WEST PALM BEAC, FL 33401 DELRAY BEACH, FL 33444

**Current Mailing Address: New Mailing Address:** 

403 S. SAPODILLA AVENUE 225 NE 1ST ST

WEST PALM BEACH, FL 33401 DELRAY BEACH, FL 33444

FEI Number: 59-2944814 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIS, HOMER F WILLIS, HOMER F 403 S. SAPODILLA AVENUE 225 NE 1ST ST

404

WEST PALM BEACH, FL 33401 US DELRAY BEACH, FL 33444 US

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: 01/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WILLIS, HOMER F IV WILLIS, HOMER F IV Name: Name: 403 S. SAPODILLA AVENUE APT. 404 225 NE 1ST ST #213 Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: DELRAY BEACH, FL 33444

Title: Title: (X) Change ( ) Addition () Delete Name: WILLIS, HOMER F Name: WILLIS, HOMER F 403 S. SAPODILLA AVENUE Address: 225 NE 1ST ST #213 Address: WEST PALM BEACH, FL 33401 DELRAY BEACH, FL 33444 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

SIGNATURE: HOMER WILLIS **PST** 01/14/2009

above, or on an attachment with an address, with all other like empowered.