


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90178 043 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000047390	
<b>1. Entity Name</b> GLOBAL ENERGY USA, LLC	

<b>Principal Place of Business</b> 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114	<b>Mailing Address</b> 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114
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20010473



<b>2. Principal Place of Business</b> 507 Loomis Avenue Suite, Apt. #, etc.	<b>3. Mailing Address</b> 507 Loomis Avenue Suite, Apt. #, etc.
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<b>City &amp; State</b> Daytona Beach, Florida	<b>City &amp; State</b> Daytona Beach, Fla.
<b>Zip</b> 32114-4839	<b>Country</b> USA
<b>Zip</b> 32114-4839	<b>Country</b> USA

02072005	Chg-LLC	CR2E083 (10/03)
<b>4. FEI Number</b> 20-1480541	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

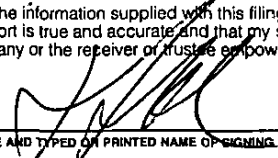
<b>6. Name and Address of Current Registered Agent</b> PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114	
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<b>7. Name and Address of New Registered Agent</b> Name: Jim Ferullo Street Address (P.O. Box Number is Not Acceptable): 507 Loomis Avenue City: Daytona Beach FL Zip Code: 32114	
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<b>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.</b> SIGNATURE:  Jim Ferullo, COO DATE: 2/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEKUNDI, KUSHAL 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jim Ferullo 507 Loomis Avenue Daytona Beach, Fla. 32114 <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	<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
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

<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>	
<b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	<b>Date:</b> 2/8/05 <b>Daytime Phone #</b>