

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 28, 2006 8:00 am
Secretary of State**

04-28-2006 90035 018 ****50.00

DOCUMENT # L04000061149		
1. Entity Name GLOBAL NETWORK OPERATIONS NORTH AMERICA, LLC		

Principal Place of Business		Mailing Address	
5905 JOHNS ROAD TAMPA, FL 33634		5905 JOHNS ROAD TAMPA, FL 33634	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
F & L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee Is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, RICHARD		BRUNETTE, THOMAS D.
STREET ADDRESS	5905 JOHNS ROAD		5905 JOHNS ROAD
CITY-ST-ZIP	TAMPA, FL 33634		TAMPA, FL 33634
TITLE	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, CHRIS		
STREET ADDRESS	5905 JOHNS ROAD		
CITY-ST-ZIP	TAMPA, FL 33634		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, DAVID		
STREET ADDRESS	5905 JOHNS ROAD		
CITY-ST-ZIP	TAMPA, FL 33634		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas Brunette
4-25-06

Date

(813)249-3399

Daytime Phone #