

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005572

Entity Name: GOBAL PROFILES, L.L.C.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

1045 EAST ATLANTIC AVE., STE. 214
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1045 EAST ATLANTIC AVE., STE. 214
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANELLA, JAMES
1045 EAST ATLANTIC AVE., STE. 214
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRISON, WAYNE
Address: 170 GRAND OAK CIRCLE
City-St-Zip: VENICE, FL 34292

Title: MGRM () Delete
Name: IRVINE, GRACME
Address: 1 ROYAL EXCHANGE AVENUE
City-St-Zip: LONDON ENGLAND,

Title: MGRM (X) Delete
Name: ANELLA, JAMES
Address: 1045 EAST ATLANTIC AVE., STE. 214
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANELLA, JAMES
Address: 1045 E ATLANTIC AVE, STE 214
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R. ANELLA

MGRM

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date