

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049354

Entity Name: GLOBAL ALLIANCE LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

4650 LINKS VILLAGE DRIVE, APARTMENT D-305
NORTH PONCE INLET, FL 32127

New Principal Place of Business:

4650 LINKS VILLAGE DRIVE, APARTMENT D-305
D-305
NORTH PONCE INLET, FL 32127

Current Mailing Address:

417 ARMOUR ROAD
AVON LAKE, OH 44012

New Mailing Address:

FEI Number: 20-3276332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MELNIKOV, ART
4650 LINKS VILLAGE DRIVE, APARTMENT D-305
NORTH PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

MELNIKOV, ART
4650 LINKS VILLAGE DRIVE, APARTMENT D-305
D-305
NORTH PONCE INLET, FL 32127 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: ART MELNIKOV

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MELNIKOV, GEORGIY
Address: 417 ARMOUR ROAD
City-St-Zip: AVON LAKE, OH 44012

Title: MGR () Delete
Name: MELNIKOV, ART
Address: 4650 LINKS VILLAGE DRIVE, APARTMENT D-305
City-St-Zip: NORTH PONCE INLET, FL 32127

ADDITIONS/CHANGES:

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: ART MELNIKOV

MGR

01/11/2006

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