2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L06000068998

Entity Name: GLOBAL QCS LLC

Current Principal Place of Business:

7512 DOCTOR PHILLIPS BOULEVARD
SUITE 50-278
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7512 DOCTOR PHILLIPS BOULEVARD
SUITE 50-278
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 56-2598121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POTTS, FRED R
7637 FENWICK COVE LANE
ORLANDO, FL 32819 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:	POTTS, FRED R	
Address:	7512 DOCTOR PHILLIPS BLVD SUITE 50-278	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	GONZALEZ, J	
Address:	7512 DOCTOR PHILLIPS BOULEVARD	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	BENNES, JAMES	
Address:	7512 DOCTOR PHILLIPS BOULEVARD	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	ANTONUCCI, JAMES F	
Address:	7512 DOCTOR PHILLIPS BOULEVARD	
City-St-Zip:	ORLANDO, FL 32819	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	( ) Change (X) Addition
Name:	POTTS, CHRISTOPHER E	
Address:	7512 DOCTOR PHILLPS BOULEVARD	
City-St-Zip:	ORLANDO, FL 32819	

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: FRED POTTS MGRM 04/17/2007

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