

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093526

FILED
Apr 15, 2008
Secretary of State

Entity Name: GLOBAL ALTERNATIVE NET, LLC

Current Principal Place of Business:

2440 S. PARKVIEW AVE.
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 741193
ORANGE CITY, FL 32763 US

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:

BUONOCORE, CATHERINE A
2440 S. PARKVIEW AVE.
ORANGE CITY, FL 32763 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: BUONOCORE, THOMAS
Address: 2440 S. PARKVIEW AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM () Delete
Name: BUONOCORE, CATHERINE A
Address: 2440 S. PARKVIEW AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM () Delete
Name: BUONOCORE, THOMAS R
Address: 2440 S. PARKVIEW AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM () Delete
Name: BUONOCORE, MICHAEL T
Address: 4144 BAYWATER PLACE
City-St-Zip: LAKE LAND, FL 33812 US

Title: MGR () Delete
Name: BUONOCORE, KRISTIAN T
Address: 6435 NW COSMO COURT
City-St-Zip: PORT ST LUCIE, FL 32983 US

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS BUONOCORE

MGRM

04/15/2008

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