2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000000721

1. Entity Name
GLOBAL TECH USA, LLC



Principal Place of Business

141 NW 20TH ST., STE G-122 BOCA RATON, FL 33431 Mailing Address

141 NW 20TH ST., STE G-122 BOCA RATON, FL 33431 FILED Mar 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03152007 No Chg-LLC CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|--------|----------------|
| 65-0773703 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional |

6. Name and Address of Current Registered Agent

MARGOLIS, DAVID 141 NW 20TH ST. BOCA RATON, FL 33431

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| The above named entity submits this statement for the purpose of cha the obligations of registered agent. | inging its registered office or registered agent, or b | oth, in the State of Florida. I am familiar with, and accept |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| 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, 2007 | | 000000679121 04/03/07-80024-020 50. 00 |
| 9. MANAGING MEMBERS/MANAGERS | | |

| 9. | MANAGING MEMBERS/MANAGERS | |
|----------------------------------------------------------------------------------------------|----------------------------|--|
| TITLE | MGRM | |
| NAME | MARGOLIS, DAVID | |
| STREET ADDRESS | 141 NW 20TH ST., STE G-122 | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | |
| TITLE | | |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | • | |
| CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the | | |

DO NOT WRITE IN THIS SPACE

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Manyles

7-22-07

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

Date

Daytime Phone #