2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005062

Name:

Address:

City-St-Zip:

SMITH, JACK

RALEIGH, NC 27604

2901 RED CLAY DRIVE, APT 904

Entity Name: GLOBAL DEMONSTRATION, INC.

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 508 VISTA DEL LAGO LANE WAKE FOREST, NC 27587 **Current Mailing Address: New Mailing Address:** 508 VISTA DEL LAGI LANE WAKE FOREST, NC 27587 FEI Number: 55-0700568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WILLIAMS, CYNTHIA CAMPOS, HENRY 1701 MABBETTE STREET 6413 CHÉRRY GROVE CIRCLE BLDG 2-103 ORLANDO, FL 32809 KISSIMMEE, FL 34741 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: HENRY CAMPOS 04/19/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANGER, JOHN Name: Name: Address: 508 VISTA DEL LAGO LANE Address: City-St-Zip: WAKE FOREST, NC 27587 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SANGER, MAUREEN Name: Address: 508 VISTA DEL LAGO LANE Address: City-St-Zip: WAKE FOREST, NC 27587 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, JOHN Name: Name: 6831-104 HIGH LINE STREET Address: Address: City-St-Zip: RALEIGH, NC 27616 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN SANGER D 04/19/2004