

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 12 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01000004705 1. Entity Name GLOBAL AID & HUMAN RESOURCE DEVELOPMENT, INC.					
Principal Place of Business 7255 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463			Mailing Address 7255 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1122399	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEESE, ALAN P 18529 LAKE BEND DRIVE JUPITER, FL 33458				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DYSON, KEVIN DR	NAME	<div style="font-size: 1.2em;">800032248988</div>		
STREET ADDRESS	45 SASSIFRAS ST	STREET ADDRESS	<div style="font-size: 1.2em;">04/09/04--01003--018 **306.25</div>		
CITY-ST-ZIP	MUDJIMBA QLD4564 AUSTRALIA,	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAISBITT, RUSSEL J	NAME			
STREET ADDRESS	4506 BACKENBERRY DR	STREET ADDRESS			
CITY-ST-ZIP	FRIENDSWOOD, TX 775468110	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DYSON, PAMELA J	NAME			
STREET ADDRESS	45 SASSIFRAS ST	STREET ADDRESS			
CITY-ST-ZIP	MUDJIMBA QLD 4564 AUSTRALIA,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEESE, ALAN	NAME			
STREET ADDRESS	18529 LAKE BEND DR	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTTERWORTH, IAN P	NAME			
STREET ADDRESS	3 ANDOVER LANE FARM	STREET ADDRESS			
CITY-ST-ZIP	ANDOVER HANTS SP1-9PE UK,	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		3/31/04 561-776-6269		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					