2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001861

Entity Name: GLOBAL LOCAL OUTREACH INC.

FILED Jul 06, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	. 6TH STREE1 E, FL 33063	US	6831 N.W. 6TH ST. MARGATE, FL 3306	3 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	. 6TH STREET E, FL 33063	- US	P.O. BOX 934741 MARGATE, FL 3309	3 US	
In accordan		FEI Number Applied For() 3(2)(b), F.S., the corporation did not	FEI Number Not Applicable () t receive the prior notice.	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
6831 N.W MARGATE The above	RE, GIBSON 6TH STREET E, FL 33063 E named entity e of Florida.	US submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI		. 6. 1 15			
	Electroi	nic Signature of Registered Age	nt	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (SYLVESTRE, (6831 N.W. 6TH MARGATE, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CUSICK, DEBO 2080 E. HILLS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIMARZIO, MIO 3844 LYONS F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (X FRAZIER, SAR 1400 NW 15TH BOCA RATON,	I AVE APT.#8	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRIEDBERG, F 2208 S. CYPR) Delete HELENE DR. ESS BEND DR. APT 503 ACH, FL 33069 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAMSARAN, R 10791 NW 5TH		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 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.

SIGNATURE: GIBSON SYLVESTRE P 07/06/2007