

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90054 016 ****61.25

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DOCUMENT # N06000000539 1. Entity Name CDS GLOBAL INCORPORATED			
Principal Place of Business 6270 WILES ROAD SUITE # 304 CORAL SPRINGS, FL 33067-4327 US		Mailing Address 6270 WILES ROAD SUITE # 304 CORAL SPRINGS, FL 33067-4327 US	
2. Principal Place of Business - No P.O. Box # 4855 NW 92ND TER		3. Mailing Address 4855 NW 92ND TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33067		Zip 33067	
Country US		Country U.S.	
4. FEI Number 0F 56-2545927		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDERMOTT, PATRICK W 6270 WILES ROAD SUITE #304 CORAL SPRINGS, FL 33067-4327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4855 NW 92ND TER City CORAL SPRINGS FL Zip Code 33067	
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.</small>		(NOTE: Registered Agent signature required when reinstating) _____ DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	P MCDERMOTT, PATRICK W 6270 WILES ROAD, SUITE #304 CORAL SPRINGS, FL 330674327	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4855 NW 92ND TER CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: _____		PATRICK W. MCDERMOTT FEB 22/07 954-557-5016	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	