

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001294

Entity Name: GLOBAL RELIANCE, INC.

FILED  
Mar 25, 2007  
Secretary of State

## Current Principal Place of Business:

2650 DEAN ROAD  
19  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

2134 LOU DRIVE  
JACKSONVILLE, FL 32216

## Current Mailing Address:

2650 DEAN ROAD  
19  
JACKSONVILLE, FL 32216

## New Mailing Address:

2134 LOU DRIVE  
JACKSONVILLE, FL 32216

FEI Number: 20-4407067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEURY, DICKENSON SR.  
5800 WEST UNIVERSITY BLVD  
329  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

FLEURY, DICKENSON SR.  
2900 UNIVERSITY SQUARE DRIVE  
72  
TAMPA, FL 33612 US

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: DICKENSON FLEURY

03/25/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FLEURY, DICKENSON SR.  
Address: 5800 WEST UNIVERSITY BLVD APT 329  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete  
Name: FLEURY, FRANTZ SR.,  
Address: P.O BOX 57338  
City-St-Zip: JACKSONVILLE, FL 32241

Title: SEC ( ) Delete  
Name: CASSEUS, CANTAVE SR.  
Address: 5800 WEST UNIVERSITY BLVD APT 329  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FLEURY, DICKENSON  
Address: 2900-72 UNIVERSITY SQUARE DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DICKENSON FLEURY

P

03/25/2007

Electronic Signature of Signing Officer or Director

Date