

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2007
Secretary of State**

DOCUMENT# N06000007975

Entity Name: GLOBAL RENAL CONSULTANTS INC.

Current Principal Place of Business:

1448 ERROL PKWY.
APOPKA, FL 327122110

New Principal Place of Business:

Current Mailing Address:

1448 ERROL PKWY.
APOPKA, FL 327122110

New Mailing Address:

FEI Number: 20-5340955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD., SUITE 400
MIAMI BCH, FL 33139 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, GARY D
Address: 1448 ERROL PKWY.
City-St-Zip: APOPKA, FL 327122110

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

Title: TSD () Delete
Name: JONES, RAYMOND
Address: 49 WOLF PLACE
City-St-Zip: HILLSIDE, NJ 07205

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: PR () Change (X) Addition
Name: ROUSE, MIMS
Address: 2222 FORMOSA AV
City-St-Zip: ORLANDO, FL 32804

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: GARY D BROWN

PD

06/30/2007

Electronic Signature of Signing Officer or Director

_____ Date