2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006250

Entity Name: GLOBAL EXCHANGE & DEVELOPMENT INC

FILED Jul 29, 2008 Secretary of State

92 WEST PALM DR 8859 NW 181ST STREET

MARGATE, FL 33063 MIAMI, FL 33018

Current Mailing Address: New Mailing Address:

92 WEST PALM DR 8859 NW 181ST STREET

MARGATE, FL 33063 MIAMI, FL 33018

FEI Number: 26-0410876 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:

SALANO, MICKI SALANO, MICKI

92 WEST PALM DR 8859 NW 181ST STREET MARGATE, FL 33063 US MIAMI, FL 33018 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: 07/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 BLACK, SHERMAN
 Name:
 BLACK, SHERMAN

 Address:
 92 WEST PALM DR
 Address:
 8859 NW 181ST STREET

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 MIAMI, FL 33018

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SEWELL, MICHELLE
 Name:
 SEWELL, MICHELLE

 Address:
 92 WEST PALM DR
 Address:
 8859 NW 181ST STREET

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 MIAMI, FL 33018

Title: D (X) Delete Title: () Change () Addition

 Name:
 JONES, FRANCIS
 Name:

 Address:
 92 WEST PALM DR
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

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: SHERMAN BLACK P 07/29/2008