2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001715

ZAKARAUSKIENE, ALICIJA

VILNIUS, LITHUANIA,

STIKLIU 16-7

Name:

Address:

City-St-Zip:

Entity Name: GLOBALITH. INC

FILED Apr 28, 2005 Secretary of State

Entity Nai	me: GLOBAL	TH, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RLANDO AVE PARK, FL 327	NUE BLDG. 3 STE 3-5 39			
Current Mailing Address:			New Mailing Address:		
	RLANDO AVE PARK, FL 327	NUE BLDG. 3 STE 3-5 39			
FEI Number	: 59-3396774	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
325 S ORL BLDG 3 SI	AS, JURA N LANDO AVE UITE 3-5 PARK, FL 327	39 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LINARTAS, JOS 805 GULF BLV BELLEAIR BEA	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LINARTAS, MIN DIDLAUKIO 46 VILNIUS, LI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LINARTAS, PAI 325 S. ORLANI WINTER PARK	DO AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JL D 04/28/2005