2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007622

Entity Name: GLOBAL WEALTH ADVISORS, INC.

FILED Mar 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** P.O. BOX 111480 NAPLES, FL 34108 FEI Number: 59-3639085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'CONNOR, WILLIAM J 8955 FONTÁNA DEL SOL WAY NAPLES, FL 34109 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SWOPE, RICHARD SWOPE, RICHARD L Name: Name: P.O. BOX 111480 P.O. BOX 111480 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: DV Title: DP () Delete (X) Change () Addition O'CONNOR, WILLIAM J Name: O'CONNOR, WILLIAM Name: P.O. BOX 111480 P.O. BOX 111480 Address: Address: NAPLES, FL 34108 NAPLES, FL 34108 City-St-Zip: Citv-St-Zip:

Title: DTS () Delete LAMBERSON, JANE E Name: P.O. BOX 111480 Address: City-St-Zip: NAPLES, FL 34108

Title: DV () Delete CHARBONNEAU, CHERYL Name: Address: P.O. BOX 111480 City-St-Zip: NAPLES, FL 34108

Title: (X) Change () Addition CHARBONNEAU, CHERYL L Name:

() Change () Addition

Address: P.O. BOX 111480 City-St-Zip: NAPLES, FL 34108

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD L. SWOPE ٧ 03/05/2005