


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90115 044 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P0000007847			
1. Entity Name GLOBAL GOVERNMENTS, INC.		Principal Place of Business 3551 BAYOU CIR. LONGBOAT KEY, FL 34228	
Mailing Address 3551 BAYOU CIR. LONGBOAT KEY, FL 34228		Mailing Address 3551 BAYOU CIR. LONGBOAT KEY, FL 34228	
2. Principal Place of Business 139 Commodore Drive Suite, Apt. #, etc.		3. Mailing Address 139 Commodore Drive Suite, Apt. #, etc.	
City & State Jupiter FL		City & State Jupiter, FL	
Zip 33477		Zip 33477	
Country USA		Country USA	
4. FEI Number 65-0981435		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEWITT, THOMAS L 3551 BAYOU CIR. LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 139 Commodore Drive City Jupiter FL Zip Code 33477	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Thomas L. Hewitt</i> DATE: _____ <small>Signature, type or printed name of registered agent and title if applicable. (Signature of Registered Agent signature required when re-instating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 66 Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, THOMAS L 3551 BAYOU CIR. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 139 Commodore Drive Jupiter, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
* SIGNATURE: <i>Thomas L. Hewitt</i>		Date _____ Daytime Phone # _____	