2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2007 08:00 AM Secretary of State DOCUMENT # P00000049780 GLOBAL INTERNET CONNECTIONS, INC. Principal Place of Business Mailing Address 510 PENNSYLVANIA AVE BRONSON FL 32621 P.O. BOX 1540 BRONSON FL 32621 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & Stato 4. FEI Numbor Applied For 59-3652540 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIDE, A.J. 510 PENNSYLVANIA AVE Street Address (P.O. Box Number is Not Acceptable) **BRONSON FL 32621** City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signalure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CPD UHE Delete ☐ Change Addition IIILE SIDE, A.J. NAME NAME U00000701530 PO BOX 1540 STREET ADDRESS STREE I ADDRESS 04/20/07-80060-012 150.00 **BRONSON FL 32621** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition SANABRIA, S.D. NAME NAME P.O. BOX 1540 STREET ADDRESS STREET ADDRESS **BRONSON FL 32621** CITY-ST-ZIP CITY-ST-ZIP HILE. Delete TITLE Change ■ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Delete ШŒ ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete THLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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indicated on this report or supplemental roport 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.

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: DICHE CEO PLUS A J.S. 10E CEO PLUS 4 6 07 3524860103