2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2004 08:00 AM Secretary of State **DOCUMENT # P00000056929** 1. Entity Name GLOBAL HR SOLUTIONS, INC. Principal Place of Business Mailing Address 100 CARRIAGE COURT 100 CARRIAGE COURT PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 03042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3650232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERRILL, MIKE DO NOT WRITE 100 CARRIAGE COURT PONTE VEDRA BEACH, FL 32082 IN THIS SPACE 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 if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE NAME MERRILL, MICHAEL H STREET ADDRESS 100 CARRIAGE COURT CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 U00000092996 TITLE 03/19/04-80031-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS DO NOT WRITE CITY-57-78P IN THIS SPACE BILE NAME STREET ADDRESS CITY-ST-ZIP RILE

I hereby certify that the information supplied with this filling 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 exceede 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: 12

NAME STREET ADDRESS CSY-SY-392 TITLE TMASS STREET ADDRESS CITY-ST-ZIP

> GNING OFFICER OF DIRECTOR RESIDENT

FILED