2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P0000056929 Feb 20, 2006 08:00 AN Entity_Name **Secretary of State** GLOBAL HR SOLUTIONS, INC. Mailing Address Principal Place of Business **100 CARRIAGE COURT** 100 CARRIAGE COURT PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 01302006 No Chg-P CR2E034 (11/05) 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 DO NOT WRITE MERRILL, MIKE 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 (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MERRILL, MICHAEL H NAME STREET ADDRESS 100 CARRIAGE COURT CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE #00000441874 NAME 09/03/06-80054-001 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

((9°04) 2.80 -5461