## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 23, 2005 08:00 AM Secretary of State DOCUMENT # P00000089755 1. Entity Name GLOBAL LEADERSHIP TRAINING, INC. Mailing Address Principal Place of Business 840 BEACH DRIVE N.E. 840 BEACH DRIVE N.E. ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 THE PARTY OF THE P 05112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3674463 Not Applicable Mr. The Man Man and Man and Man and Man \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FENTON, ELIZABETH A DO NOT WRITE 840 BEACH DRIVE N.E. ST. PETERSBURG, FL 33701 IN THIS SPACE must**##**例以**是**#\*\* 在4。 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) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS and the second s TITLE FENTON, ELIZABETH A NAME STREET ADDRESS 840 BEACH DRIVE N.E. CITY-ST-ZIP ST. PETERSBURG, FL 33701 The state of the s TITLE Ü00000367885 55/23/05-80004-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP المراجع والمستخصص المتراجع المتحرية ويتماع المستحدد والمستحدد والمستحدد والمستحدد TITI F NAME STREET ADDRESS CITY-ST-ZIP

12. 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 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 will an address, with all other like empowered.

SIGNATURE:

**FILED**