


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000092347		
1. Entity Name GLOBAL TECHNOLOGY CENTER, INC.		

FILED

06 JUL 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

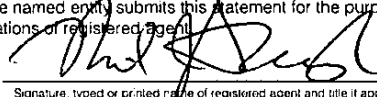
05080

Principal Place of Business 3001 OCEAN DRIVE VERO BEACH, FL 32963	Mailing Address 3001 OCEAN DRIVE VERO BEACH, FL 32963
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2. Principal Place of Business	3. Mailing Address 3001 Ocean Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. 202
City & State	City & State Vero Beach, FL
Zip	Country
32963	

4. FEI Number 65-1052854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W. 766 BEACHLAND BOULEVARD VERO BEACH, FL 32963	
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7. Name and Address of New Registered Agent Name Michael J. Garavaglia, Esquire Street Address (P.O. Box Number is Not Acceptable) 756 Beachland Boulevard City Vero Beach FL Zip Code 32963	
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 	DATE 7/24/06

Signature, typed or printed name of registered agent and title if applicable.

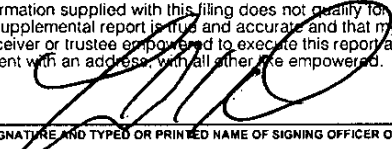
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS, FRED C II 3001 OCEAN DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PROCTOR, DONALD C 3001 OCEAN DRIVE STE 202 VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500078378475 08/04/06--01040--012 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 the empowered.	
SIGNATURE: 	DATE June 21, 2006 (772) 559-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

K Eckel AUG 01 2006