

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109130

FILED  
Jan 12, 2006  
Secretary of State

Entity Name: GLOBAL SATELLITE CORPORATION

## Current Principal Place of Business:

4846 N. UNIVERSITY DR  
SUITE 366  
FT LAUDERDALE, FL 33351

## Current Mailing Address:

4846 N. UNIVERSITY DRIVE  
SUITE 366  
FT LAUDERDALE, FL 33351

## New Principal Place of Business:

4846 N. UNIVERSITY DRIVE  
SUITE #366  
FT LAUDERDALE, FL 33351

## New Mailing Address:

4846 N. UNIVERSITY DRIVE  
SUITE #366  
FT LAUDERDALE, FL 33351

FEI Number: 65-1056391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMM, CHARLES  
4846 N UNIVERISTY DR  
SUITE 366  
FT LAUDERDALE, FL 33351 US

## Name and Address of New Registered Agent:

CAMPBELL, LORNA  
4846 N. UNIVERISTY DRIVE  
SUITE #366  
FT LAUDERDALE, FL 33351 US

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.

SIGNATURE: LORNA CAMPBELL

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: CAMPBELL, LORNA  
Address: 4846 N. UNIVERSITY DR, #366  
City-St-Zip: FT LAUDERDALE, FL 33351

Title: VD ( ) Delete  
Name: CAMPBELL, LORRAINE D  
Address: 4846 N. UNIVERSITY DR, #366  
City-St-Zip: FT LAUDERDALE, FL 33351

Title: SD ( ) Delete  
Name: CAMPBELL, BRIAN  
Address: 4846 N. UNIVERSITY DR, #366  
City-St-Zip: FT LAUDERDALE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: CAMPBELL, LORRAINE P  
Address: 4846 N. UNIVERSITY DR, #366  
City-St-Zip: FT LAUDERDALE, FL 33351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORNA CAMPBELL

PTD

01/12/2006

Electronic Signature of Signing Officer or Director

Date