2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-14-2005 90081 003 ***150.00

DOCUMENT # P01000022459

1. Entity Name
GLOBAL BUSINESS GROUP, INC.

66016779

Principal Place of Business	Mailing Address
2602 DELCREST DR ORLANDO, FL 32817	6314 MORNING MIST LANE ORLANDO, FL 32819

01312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		20 North Orange Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State		City & State Orlando, Florida	
Zip	Country	Zip 32801	Country

4. FEI Number 22-3779320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOARES, LEIBNITZ
6314 MORNING MIST LANE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name Hendry, Stoner, DeLancett & Brown, P.A.
Street Address (P.O. Box Number is Not Acceptable) 20 North Orange Avenue
Suite 600
City Orlando FL Zip Code 32801

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] 5/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO SOARES, LEIBNITZ 6314 MORNING MIST LANE ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE PAZOS, ADRIANA 2308 ENFIELD CT. ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE: [signature] 2-2-05 4079257774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #