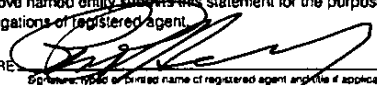
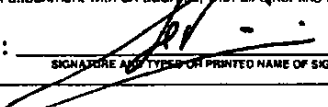


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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.					
Principal Place of Business 2602 DELCREST DR ORLANDO, FL 32817			Mailing Address 6314 MORNING MIST LANE ORLANDO, FL 32819		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 20 North Orange Avenue Suite, Apt. #, etc. Suite 600 City & State Orlando, Florida Zip Country 32801			
4. FEI Number 22-3779320				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01312005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SOARES, LEIGNITZ 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 FL Zip Code Orlando 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:  DATE: 5/5/05 Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 		2-2-05 407 425 7774 Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #			

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