



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000035502</b>				
1. Entity Name <b>GLOBAL MERCHANT SYSTEMS, INC.</b>				
Principal Place of Business <b>633 S ROYAL POINCIANA BLVD #218 MIAMI SPRINGS, FL 33166</b>		Mailing Address <b>633 S ROYAL POINCIANA BLVD #218 MIAMI SPRINGS, FL 33166</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
6. Name and Address of Current Registered Agent  <b>CISNEROS, YOLANDA 633 S ROYAL POINCIANA BLVD #218 MIAMI SPRINGS, FL 33166</b>		 <b>04292006 No Chg-P CRZE034 (11/05)</b>		
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number <b>65-1090755</b></td><td style="padding: 2px; text-align: center;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>65-1090755</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<div style="margin-bottom: 20px;">100000560101 05/18/06-80025-020 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CISNEROS, YOLANDA 633 S ROYAL POINCIANA BLVD #218 MIAMI SPRINGS, FL 33166			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CISNEROS, JOHNNIE 633 S ROYAL POINCIANA BLVD #218 MIAMI SPRINGS, FL 33166			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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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 like empowered.				
SIGNATURE: <u><i>Yolanda Cisneros</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>04/28/06</u> Daytime Phone: _____		