2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 08, 2008 08:00 AN Secretary of State **DOCUMENT # P01000068180** 1. Entity Name MYGLOBALCAM, INC. Mailing Address Principal Place of Business 18503 PINES BLVD 18503 PINES BLVD 312 312 PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 No Chg-P 04242008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1119007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. DO NOT WRITE 8875 HIDDEN RIVER PARKWAY SUITE 300 IN THIS SPACE TAMPA, FL 33637 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000950643 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 /ก็จิ้/ก็ติ-ติก็ก็วิธี-การ 150 กก 10. OFFICERS AND DIRECTORS TITLE MERCHANT, RIAZ NAME STREET ADDRESS 20217 SW 54 PL CITY-ST-ZIP PEMBROKE PINES, FL 33332 TITLE MERCHANT, SHIRLEY NAME STREET ADDRESS 20217 SW 54 PL CITY-ST-ZIP PEMBROKE PINES, FL 33332 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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