

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000092134

**FILED  
Apr 30, 2005  
Secretary of State**

**Entity Name:** GLOBAL MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

15715 S. DIXIE HWY.  
SUITE 414  
VILLAGE OF PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15715 S. DIXIE HWY.  
SUITE 414  
VILLAGE OF PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 65-1140250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARUANA, DAVID  
15715 S. DIXIE HWY.  
VILLAGE OF PALMETTO BAY, FL 33157      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: CARUANA, DAVID  
Address: 15715 S. DIXIE HWY., SUITE 414  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: D ( ) Delete  
Name: ESCOBAR, SAYDA  
Address: 15715 S. DIXIE HWY., SUITE 414  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: D (X) Delete  
Name: SPIVEY, STEVEN  
Address: 15715 S. DIXIE HWY., SUITE 414  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 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: CARUANA, DAVID

PTSD

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date