2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

DOCUMENT # P01000099675 03-30-2005 90040 003 ***150.00 1. Entity Name GLOBAL TECHNICAL SOLUTIONS, INC. Principal Place of Business Mailing Address 50032148 1226 NW 125TH TERRACE 1226 NW 125TH TERRACE SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business 3. Malling Address 3801 SW 474 3801 SW 47 Suite, Apt, # etc. 03022005 Cha-P CR2E034 (10/03) 505 50S City & State City & State 4. FEI Number Applied For OLT LAUDENDALF 91-2166817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent D'ALBERT, JOICE C **1226 NW 125TH TERRACE** SUNRISE, FL 33323 UNRISE 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. RESTOEN ☐ Delete TITLE TITLE JOICE C. D D'ALBERT, JOICE C NAME NAME STREET ADDRESS 1226 NW 125TH TERRACE STREET ADDRESS UNRISE CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP ☐ Delete TETLE Addition TITLE ADEMONDIA NAME ADEMONDIR, DOS SANTOS C NAME 9600 NW 43 53 **1226 NW 125TH TERRACE** STREET ADDRESS STREET ADDRESS ION (DA CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY:ST:ZIP" ☐ Addition □ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIP

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: JOICE D'Albort OR DIRECTOR OFFICER OR DIRECTOR DEL Dete Deste Deste