



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000006167 1. Entity Name GLOBAL TRADE CONSULTANTS, INC.			<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">FILED</div> <div style="font-size: 1.2em; transform: rotate(-10deg);">04 MAY -4 PM 5:34</div> <div style="font-size: 0.8em; transform: rotate(-10deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em; margin-top: 5px;">04302004 No Chg-P CR2E034 (10/03)</div>
Principal Place of Business 233 HANGING MOSS DRIVE OVIEDO, FL 32765	Mailing Address 233 HANGING MOSS DRIVE OVIEDO, FL 32765		
<div style="font-size: 0.8em; opacity: 0.5;"> 1. Entity Name 2. Principal Place of Business 3. Mailing Address 4. FEI Number 5. Certificate of Status Desired </div>			
6. Name and Address of Current Registered Agent KELLY, STEPHEN A 233 HANGING MOSS DRIVE OVIEDO, FL 32765		<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="font-size: 1.2em; font-weight: bold;">300036057989</div> <div style="font-size: 0.9em;">05/11/04--01047--024 **150.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KELLY, STEPHEN A 233 HANGING MOSS DRIVE OVIEDO, FL 32765	<div style="font-size: 0.8em; opacity: 0.5;"> 1. Entity Name 2. Principal Place of Business 3. Mailing Address 4. FEI Number 5. Certificate of Status Desired </div>	
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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: <i>Stephen A. Kelly</i> STEPHEN A. KELLY 4/30/04 (407) 719-7645 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT <small>Date</small> Daytime Phone #	

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