

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90014 003 \*\*\*150.00

DOCUMENT # P02000019665

1. Entity Name  
 GLOBAL COMMUNICATION SOLUTIONS, INC.



Principal Place of Business  
 4510 OAK FAIR BLVD  
 110  
 TAMPA, FL 33610-7346

Mailing Address  
 4510 OAK FAIR BLVD  
 110  
 TAMPA, FL 33610-7346

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 03-0391008

Applied For  
 Not Applicab

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PEABODY, CURTISS B  
 7221 WAREHAM DRIVE  
 TAMPA, FL 33647~~

*DELETE*

*ADD*

**DO NOT WRITE IN THIS SPACE**

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 *Paul Sidney Elliott*, **PAUL SIDNEY ELLIOTT, 2701 W. BUSCH BLVD, 133 TAMPA FL 33618-4578 3/9/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>D, P</i>
NAME	PEABODY, CURTISS B
STREET ADDRESS	<del>7221 WAREHAM DRIVE</del> <i>4510 OAK FAIR BLVD, 110</i>
CITY-ST-ZIP	TAMPA, FL <del>33647</del> <i>33610-7346</i>
TITLE	<i>D, EVP, S</i>
NAME	TERRY ANN MAXWELL GREENE
STREET ADDRESS	<i>4510 OAK FAIR BLVD, 110</i>
CITY-ST-ZIP	<i>TAMPA FL 33610-7346</i>
TITLE	<i>D, EVP, T</i>
NAME	MAURICE ALLAN DE FREITAS
STREET ADDRESS	<i>4510 OAK FAIR BLVD, 110</i>
CITY-ST-ZIP	<i>TAMPA FL 33610-7346</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *[Signature]* **President** **3-09-2006 (813)927-3235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #