2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000039488

1. Entity Name
GLOBAL MED U.S.A., INC.

Principal Place of Business	Mailing Address
511 SYLVAN DR.	511 SYLVAN DR.
WINTER PARK, FL 32789	WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

05042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0590204	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OTEGBEYE, AYODEJI
511 SYLVAN DR.
WINTER PARK, FL 32789

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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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	OTEGBEYE, AYODEJI
STREET ADDRESS	511 SYLVAN DR.
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
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05/06/05-90028-003 150.00

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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: _____   4/30/05   407 629 1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #