2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM Secretary of State DOCUMENT # P02000057294 GLOBAL VALUES, INC. Principal Place of Business Mailing Address P. O. BOX 2038 P. O. BOX 2038 ALACHUA, FL 32616 ALACHUA, FL 32616 04302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0015148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WIELAND, STEVEN R 18103 NW CR #239 ALACHUA, FL 32615-2038 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 Signature Typed or printed name of registered agent and tife if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WIELAND, STEVEN R STREET ADDRESS P. O. BOX 2038 CITY-ST-ZIP ALACHUA, FL 32616 TITLE NAME STREET ADDRESS CITY-ST ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - 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 of the receiver of trustee appowered to execute this apport 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 employered.

TITLE NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-262-4049

Daytime Phone #

FILED