

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


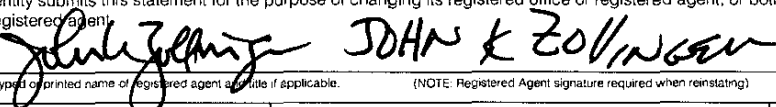
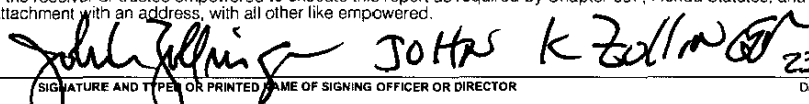
**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90233 038 \*\*\*150.00

**60001963**



01102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000058966</b>			
1. Entity Name GLOBAL BUSINESS INVESTMENTS OF NAPLES, INC.			
Principal Place of Business 5629 STRAND BLVD., SUITE 409 NAPLES, FL 34110		Mailing Address 5629 STRAND BLVD., SUITE 409 NAPLES, FL 34110	
2. Principal Place of Business 5621 Strand Blvd Suite, Apt. #, etc. #311		3. Mailing Address 5621 Strand Blvd Suite, Apt. #, etc. #311	
City & State Naples, FL		City & State Naples, FL	
Zip 34110	Country USA	Zip 34110	Country USA
4. FEI Number 04-3681423		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZOLLINGER, JACK 5629 STRAND BLVD, SUITE 409 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name ZOLLINGER, JACK Street Address (P.O. Box Number is Not Acceptable) 5621 Strand Blvd #311 City Naples FL Zip Code 34110	
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  JOHN K ZOLLINGER DATE 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZOLLINGER, JACK 11840 LONGSHORE WAY W. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZOLLINGER, JANE O 11840 LONGSHORE WAY WEST NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JOHN K ZOLLINGER		Date 2/11/06 Daytime Phone 239-596-8200	