

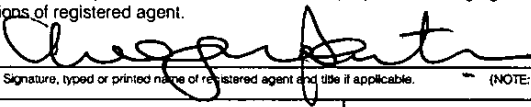
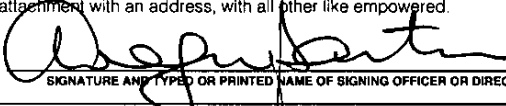


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90246 037 ***158.75

DOCUMENT # P02000078573					
1. Entity Name LOKI GLOBAL, INC.					
Principal Place of Business 44 COYOTE MOUNTAIN RD. SANTA FE, NM 87505			Mailing Address 44 COYOTE MOUNTAIN RD. SANTA FE, NM 87505		
2. Principal Place of Business 620 LAVERS CIRCLE Suite, Apt. #, etc. # 126 City & State DELRAY BEACH Zip 33 444 Country FLORIDA		3. Mailing Address 620 LAVERS CIRCLE. Suite, Apt. #, etc. # 126 City & State DELRAY BEACH Zip 33 444 Country FLORIDA			
4. FEI Number 22-3857622				Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS 103 N. MERIDIAN RD. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name CLAU WAGNER-BARTAK Street Address (P.O. Box Number is Not Acceptable) 620 LAVERS CIRCLE #126 City DELRAY BEACH FL Zip Code 33 444		
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:  CLAU WAGNER-BARTAK DATE: APRIL 5, 2005 <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, 2005 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	CEOP WAGNER-BARTAK, CLAU <input type="checkbox"/> Delete 620 LAVERS CIR., #126 DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD RUPPANNER, PAUL A <input checked="" type="checkbox"/> Delete 44 COYOTE MOUNTAIN RD. SANTA FE, NM 87505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZMUDZKI, PETER <input checked="" type="checkbox"/> Delete 132 ST CLEMENTS AVE. TORONTO ONTARIO M4R 1H2,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  CLAU WAGNER-BARTAK DATE: APRIL 5, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

00051881

561-278-5470