

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90054 002 ***150.00

DOCUMENT # P02000134302	
1. Entity Name GLOBAL8, INC.	



Principal Place of Business 16600 GULF BLVD # 531 N REDINGTON BCH, FL 33708	Mailing Address 16600 GULF BLVD # 531 N REDINGTON BCH, FL 33708
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40021649



2. Principal Place of Business - No P.O. Box # 1901 SEMINOLE BLVD Suite, Apt. #, etc. #1302	3. Mailing Address 1901 SEMINOLE BLVD Suite, Apt. #, etc. #1302
City & State SEMINOLE, FL	City & State SEMINOLE, FL
Zip 33772	Country USA

02102007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0662257	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITZPATRICK, BARBARA 16600 GULF BLVD #531 W REDINGTON BCH, FL 33708	
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7. Name and Address of New Registered Agent	
Name GLORIA ALVINO	
Street Address (P.O. Box Number is Not Acceptable) 1901 SEMINOLE BLVD #1302	
City SEMINOLE	FL
Zip Code 33772	

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 <u>Gloria D. Alvino, Pres.</u>	DATE 02-15-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, BARBARA 16600 GULF BLVD #531 W REDINGTON BCH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GLORIA ALVINO 1901 SEMINOLE BLVD #1302 SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVINO, GLORIA 16600 GULF BLVD #531 W REDINGTON BCH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BARBARA FITZPATRICK 1901 SEMINOLE BLVD #1302 SEMINOLE, FL 33772 <input checked="" 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
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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 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: <u>Gloria D. Alvino</u>	DATE 02/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 727-394-0330