

FILED
May 03, 2006 08:00
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F03000036393					
1. Entity Name ANTARESS GLOBAL, INC.					
Principal Place of Business 500 EGRET CIR STE 8510 DELRAY BEACH FL 33444			Mailing Address 500 EGRET CIR STE 8510 DELRAY BEACH FL 33444		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Name and Address of Current Registered Agent HANTKE, MANFRED 500 EGRET CIR STE 8510 DELRAY BEACH FL 33444				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	FISCHBACHER, OTTO				
STREET ADDRESS	500 EGRET CIR STE 8510				
CITY-STATE-ZIP	DELRAY BEACH FL 33444				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
U000000561341 05/19/06-80010-018 150.00					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 for all other like empowered.					
SIGNATURE: <i>Otto Fischbacher</i> 03/08/2006					