2006 FO ROFIT CORPORATION

May 26, 2006 08:00 AM Secretary of State **DOCUMENT # P03000072479** GLOBAL ACCESS IMPORTS, INC. Principal Place of Business Mailing Address 2229 CAMP INDIANHEAD RD 2229 CAMP INDIANHEAD RD LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639 05042006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1174424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BULLARD, F. TIMOTHY C.P.A. DO NOT WRITE 5324 LAND O'LAKES BLVD LAND O'LAKES, FL 34639 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable OATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOWIR FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME MESROPIAN, ALEX U00000566154 05/26/06-80001-001 150.00 2229 CAMP INDIAN HEAD RD. STREET ADDRESS LAND O LAKES, FL 34639 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ταιε IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 fegal 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 regulated by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attrachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TEST NAME OF SIGNING OFFICER OR DIRECTOR

FILED