2005 FOR PROFIT CORPORATION

FILED Jan 27, 2005 08:00 AN ANNUAL REPORT **Secretary of State DOCUMENT # P03000085969** 1. Entity Name GLOBAL TECHNOLOGY PARTNERS, INC. Principal Place of Business Mailing Address 47 NORTH KROME AVENUE 47 NORTH KROME AVENUE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 CR2E034 (10/03) 01142005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-2216044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARCUS, MICHAEL J DO NOT WRITE 317 N. KROME AVENUE HOMESTEAD, FL 33030 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. DATE Sympature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000138376 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SHIVER, STEVE NAME STREET ADDRESS 47 NORTH KROME AVENUE CITY-ST-ZIP HOMESTEAD, FL 33030 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

attachment with an address, with all other like empowered.

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

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR