## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 20, 2006 8:00 am Secretary of State DOCUMENT # P03000112972 04-20-2006 90218 032 \*\*\*150.00 1. Entity Name GLH TRANSLATIONS, INC. Mailing Address 50014319 Principal Place of Business 5911 BAYOU CRANDE BLVD NE 5911 DAYOU GRANDE BLVD NE-ST PETERSBURG, FL 33703-ST-PETERSBURG, FL 33703 2. Principal Place of Business 3. Mailing Address 2400-Feathersound Or 2400 - Feather soun Suite, Apt. #, etc. # 621 02202006 Chg-P CR2E034 (11/05) # 621 Applied For 4. FEI Number City & State City & State Hear 01-0799326 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HURST, GABRIELA L Street Address (P.O. Box Number is Not Acceptable) 5011-BAYOU GRANDE BLVD NE ST PETERSBURG; FL 33703 2400-Feathersound 8. The above named ly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations istered agent. SIGNATURE. DATE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW: 11 FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE 2400 - Feather sound Dr # 621 NAME HURST, GABRIELA L NAME **6911 BAYOU GRANDE BLVD NE** STREET ADDRESS STREET ADDRESS Clearwater, FL 33762 CITY-ST-ZIP ST-PETERSBURG, FL-99709 CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED