2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 A Secretary of State

AITHOAE REI OR I						
DOCUMENT # P0300 1. Entity Name GLOBAL REAL ESTATE ACQ						
Principal Place of Business	Mailing Address	•••				
1730 S. FEDERAL HIGHWAY Suite 222	1730 S. FEDERAL HIGHWAY Suite 222					
DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483					

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1730 S. FEI Suite 222	DERAL HIGHWAY	Mailing Address 1730 S. FEDERAL HIGHWAY SUITE 222 DELRAY BEACH, FL 33483				A (#10 B))) (804 B) (807 B) 4 4 4 6
DO NOT WRITE IN THIS SPA		CF	03052008 N	lo Chg-P CR2E	E034 (11/05)	
				FEI Number 56-242679 Certificate of Sta		Applied For Not Applicable \$8.75 Additional
 	6. Name and Address of Current Regis	-4	T			Fee Required
LOMBARDI, ALFRED D 1730 S. FEDERAL HIGHWAY SUITE 222 DELRAY BEACH, FL 33483 8. The above named entity submits this statement for the purpose of changing its registered.			DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obliga	tions of registered agent. Signature, typed or printed name of registered agent and title		d Agent signature require		DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	·	i.00 May Be ded to Fees		II.
10.	OFFICERS AND DIRE	CTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDI, ALFRED D 1730 S. FEDERAL HIGHWAY, SUITE DELRAY BEACH, FL 33483	222			7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000893 04/23/08-801	713 17-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	DO N	OT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN TH	IS SPAC	E
TITLE NAME STREET ADDRESS CITY - ST - ZIP					To part to a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*****		•	•
12. I hereby o	certify that the information supplied with this fi	ling doos not ouglify for the nyo		dia Chantas 110 Flasi		

consider the morrhation supplied with this filling 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:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

\$1-756-1099

Daytime Phone #