## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000120529

Entity Name: GLOBAL REAL ESTATE SOLUTIONS, INC.

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1820 NORTH CORPORATE LAKES BLVD SUITE 108 WESTON, FL 33326				10951 BONITA BEACH RD BONITA SPRINGS, FL 34135	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1820 NORTH CORPORATE LAKES BLVD SUITE 108 WESTON, FL 33326				10951 BONITA BEACH RD BONITA SPRINGS, FL 34135	
FEI Number	: 90-0116705	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1820 NOR SUITE 108		ATE LAKES BLVD			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( RAMIREZ, JU 90 22ND AVE NAPLES, FL	NW	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CALLE, HARO	CORPORATE LAKES BLVD.SUITE 10	Title: Name: 08 Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( RAMIREZ, EL 90 22ND AVE NAPLES, FL	NW	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( PATRICIA, CA	) Delete LDERON	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HAROLD CALLE T 03/14/2007

1820 NORTH CORPORATE LAKES BLVD.SUITE 108

WESTON, FL 33326

Address:

City-St-Zip: