

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137612

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: GEB GLOBAL ALLIANCE CORP.

## Current Principal Place of Business:

601 CLEVELAND STREET  
SUITE 300  
CLEARWATER, FL 33755

## New Principal Place of Business:

## Current Mailing Address:

601 CLEVELAND STREET  
SUITE 300  
CLEARWATER, FL 33755

## New Mailing Address:

FEI Number: 38-3693336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINLEY, MYRON G  
413 CLEVELAND STREET  
CLEARWATER, FL 33755

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CT ( ) Delete  
Name: BEST, KAREN R  
Address: 1500 SAN ROY DR.  
City-St-Zip: DUNEDIN, FL 34698

Title: P ( ) Delete  
Name: BEST, GLENN EDWARD  
Address: 1500 SAN ROY DR.  
City-St-Zip: DUNEDIN, FL 34698

Title: S ( ) Delete  
Name: BEST-COUNTS, BRANDI S  
Address: 5060 76TH AVE., N.  
City-St-Zip: PINELLAS PARK, FL 33781

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BEST-COUNTS, BRANDI S  
Address: 5060 76TH AVE., N., APT 309  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: KAREN R. BEST

CT

04/27/2004

Electronic Signature of Signing Officer or Director

Date