

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90170 040 \*\*\*150.00

|                                                   |  |
|---------------------------------------------------|--|
| DOCUMENT # P03000139579                           |  |
| 1. Entity Name<br>S.L.D. GLOBAL ENTERPRISES, INC. |  |



|                                                                         |                                                         |
|-------------------------------------------------------------------------|---------------------------------------------------------|
| Principal Place of Business<br>4001 KIRKLAND BLVD.<br>ORLANDO, FL 32811 | Mailing Address<br>P.O. BOX 617546<br>ORLANDO, FL 32861 |
|-------------------------------------------------------------------------|---------------------------------------------------------|

40053000



|                                                                       |                                           |
|-----------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-----------------------------------------------------------------------|-------------------------------------------|

04082007 Chg-P CR2E034 (12/06)

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>Zip Country | City & State<br>Zip Country |
|-----------------------------|-----------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>57-1194343 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>TURNER, DIONNE L<br>4001 KIRKLAND BLVD<br>ORLANDO, FL 32811 |  |
|--------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|

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, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | Date |
|------------------------------------------------------------------------------|--------------------------------------------------------------|------|

|                                                                       |                                                                                    |                             |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PSTD<br>TURNER, DIONNE L<br>4001 KIRKLAND BLVD.<br>ORLANDO, FL 32811 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>CITY ST ZIP                   | <input type="checkbox"/> Delete                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                      |
| TITLE<br>NAME<br>CITY ST ZIP                   | <input type="checkbox"/> Delete                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                                      |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>CITY ST ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>CITY ST ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

|                                                                    |                        |
|--------------------------------------------------------------------|------------------------|
| SIGNATURE:                                                         | 4/11/07 (407) 616-5813 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone #   |