

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90023 049 \*\*\*150.00

**DOCUMENT # P04000037386**

1. Entity Name  
GLOBAL ALTERNATIVE SOLUTIONS, INC.



Principal Place of Business  
11947 NW 37TH STREET  
CORAL SPRINGS, FL 33065

Mailing Address  
11947 NW 37TH STREET  
CORAL SPRINGS, FL 33065

66025274



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

03-0540234

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11947 N.W. 37 St.

City

Coral Springs

FL

Zip Code

33065

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

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
G. Buffington & Associates, Inc.  
11947 NW 37th Street, Coral Springs  
FL 33065

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
C. James Global Consulting, Inc.  
762 Edgewood Ave  
Marysville, Ohio 43040

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Total Energy Systems Manufacturing  
1440 Reed Drive Dixon, CA 95620

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
President

7/5/05

Date

954-340-9070

Daytime Phone #