2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000037386

1. Entity Name
GLOBAL ALTERNATIVE SOLUTIONS, INC.

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

DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0540234

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUFFINGTON, GREG
11947 NW 37 ST
CORAL SPRINGS, FL 33065

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GBOFFINGTON & ASSOCIATES, INC
STREET ADDRESS	11947 NW 37TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VP
NAME	C.JAMES GLOBAL CONSULTANTS, INC
STREET ADDRESS	762 EDGEWATER LANE
CITY-ST-ZIP	MARYSVILLE, OH 43040
TITLE	T
NAME	TOTAL ENERGY SYSTEMS MANUFACTURING
STREET ADDRESS	1440 ROAD DRIVE
CITY-ST-ZIP	DIXON, CA 95620
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80037-024 150.00

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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: _____ 1/24/06 954-340-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #