2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 17, 2005 8:00 am
Secretary of State
05-04-2005 90153 004 ***150.00

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02112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000047472

1. Entity Name
THE FINANCIAL GLOBE.COM INC.

Principal Place of Business	Mailing Address
1901 S. HARBOR CITY BLVD. SUITE 600 MELBOURNE, FL 32901	1901 S. HARBOR CITY BLVD. SUITE 600 MELBOURNE, FL 32901

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 450537458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRUMP, GARY
1901 S. HARBOR CITY BLVD.
SUITE 600
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D TRUMP, GARY ~~1901 S. HARBOR CITY BLVD. SUITE 600~~ ~~MELBOURNE, FL 32901~~	☐ Delete	P/D TRUMP, GARY 1705 19th place suite E-2 Vero Beach, Fl 32960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S TRUMP, GARY ~~1901 S. HARBOR CITY BLVD. SUITE 600~~ ~~MELBOURNE, FL 32901~~	☐ Delete	VP/S TRUMP, GARY 1705 19th place suite E-2 Vero Beach, Fl 32960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 Date Daytime Phone #