
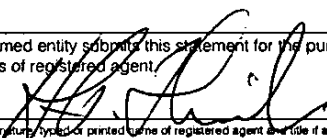
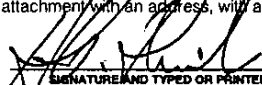


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90321 010 ***150.00

DOCUMENT # P04000071811			
1. Entity Name GLOBAL GRAPE COMPANY, INC.			
Principal Place of Business 948A E MICHIGAN ST 127 W. Church St. ORLANDO, FL 32806 Suite 106 32801		Mailing Address 948A E MICHIGAN ST ORLANDO, FL 32806	
2. Principal Place of Business 127 W. Church St.		3. Mailing Address	
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32801	Country USA	Zip	Country
6. Name and Address of Current Registered Agent THIELE, HOWARD 948A E MICHIGAN ST ORLANDO, FL 32806		4. FEI Number 20-1055888	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		01042005 Chg-P CR2E034 (10/03)	
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 		DATE 4/14/05	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD THIELE, HOWARD 948A E MICHIGAN ST ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: 		Howard A. Thiele 4/14/05 407.342.6606	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	