


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000159452</b>	
1. Entity Name <b>GLOBAL SALES &amp; CONSULTING, INC.</b>	

Principal Place of Business <b>601 BRYAN STREET JACKSONVILLE, FL 32209 US</b>	Mailing Address <b>9283 SAN JOSE BLVD. STE 101 ATTN: DAWN WRIGHT JACKSONVILLE, FL 32257 US</b>
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1919249</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WRIGHT, DAWN A 338 EVENTIDE DRIVE ORANGE PARK, FL FL</b>
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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 _____ <small>Signature typed or printed name of registered agent and filer if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000660957</b> <b>03/20/07-80020-014 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5441 PN
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP WUERDERMAN, THOMAS A 205 RAIN TREE TRL SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5441 PN
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5431 PN
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5441 PN
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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