

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162147

FILED  
Sep 03, 2006  
Secretary of State

Entity Name: GLOBAL SERVICES ENTERPRISES, INC

## Current Principal Place of Business:

875 CARDINAL POINTE COVE  
SANFORD, FL 32771

## New Principal Place of Business:

## Current Mailing Address:

875 CARDINAL POINTE COVE  
SANFORD, FL 32771

## New Mailing Address:

FEI Number: 59-1234567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DECARLO, ALICE M  
875 CARDINAL POINTE COVE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILLER, CRAIG M  
Address: 875 CARDINAL POINTE COVE  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: SENAY, EUGENE  
Address: 4311 NW 115 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: MILLER, GRACE A  
Address: 875 CARDINAL POINTE COVE  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE MILLER

VP

09/03/2006

Electronic Signature of Signing Officer or Director

Date