2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-16-2005 90202 037 ***150.00

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1. Entity Name
GLOBAL HOUSING SOLUTIONS, CORP.

66021893

04292005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~5303 BUCKHEAD CIR~~	~~5303 BUCKHEAD CIR~~
~~BOCA RATON, FL 33486~~	~~BOCA RATON, FL 33486~~

2. Principal Place of Business: 1115 Highland Bch Dr.		3. Mailing Address: Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Highland Bch Fl		City & State	
Zip: 33487	Country: Palm Bch	Zip	Country

4. FEI Number: 76-0793235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTHONY, LAURA ESQ 330 CLEMATIS ST STE 330 W PALM BEACH, FL 33401	Name: DALE BRISSON Street Address (P.O. Box Number is Not Acceptable): 1115 Highland Bch Drive. City: Highland Bch FL Zip Code: 33487

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: Dale J. Brisson DATE: 4/28/05

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. ☐ $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	D BRISSON, DALE ~~5303 BUCKHEAD CIR~~ ~~BOCA RATON, FL 33486~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1115 Highland Bch Drive Highland Bch Fl 33431	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres Leonardo Riova	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Dale J. Brisson pres 4/28/ (561) 929-0137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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