2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 29, 2007 8:00 am Secretary of State DOCUMENT # P05000039480 1. Entity Name 05-29-2007 90042 011 ***550.00 GLOBAL ENERGY ALLIANCE, INC. Principal Place of Business Mailing Address 16 WEST LARUA ST 16 WEST LARUA ST PENSACOLA FL 32502 PENSACOLA FL 32502 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State --City & State 4. FEI Number Applied For 35-2251356 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 201 S BAYLEN ST SUITE A PENSACOLA FL 32502 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 agglot. SIGNATURE (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Delete THEF ☐ Addition ANDERSON, JAMES D JR NAME NAMI 16 WEST LARUA ST STREET ADDRESS STREET ADDRESS PENSACOLA FL 32502 CITY-ST-ZIP CITY ST-ZIP ЛПЕ Delete ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP THILE Delete 10113 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP THEF ☐ Delete THE ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST ZIP THILE ☐ Delete ш ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CHY-ST-7IP

FILED