

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058656

FILED
Mar 10, 2006
Secretary of State

Entity Name: MAXIMUS GLOBAL INNOVATIONS, INC.

Current Principal Place of Business:

9965 SHADOW CREEK DR.
ORLANDO, FL 32832

New Principal Place of Business:

4944 PARKVIEW DRIVE
SAINT CLOUD, FL 34771

Current Mailing Address:

9965 SHADOW CREEK DR.
ORLANDO, FL 32832

New Mailing Address:

4944 PARKVIEW DRIVE
SAINT CLOUD, FL 34771

FEI Number: 27-0121356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, CESAR A
9965 SHADOW CREEK DR.
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

ESTRADA, CESAR A
4944 PARKVIEW DRIVE
SAINT CLOUD, FL 34771 US

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: CESAR ESTRADA

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESTRADA, CESAR A
Address: 9965 SHADOW CREEK DR.
City-St-Zip: ORLANDO, FL 32832

Title: VP () Delete
Name: ESTRADA, AUGUSTO C
Address: 14812 S.W 80TH
City-St-Zip: MIAMI, FL 33193

Title: VP (X) Delete
Name: ESTRADA, ETHAN J
Address: 9965 SHADOW CREEK DR
City-St-Zip: ORLANDO, FL 32832

Title: VP (X) Delete
Name: ESTRADA, MAXIMUS A
Address: 9965 SHADOW CREEK DR.
City-St-Zip: ORLANDO, FL 32832

Title: VP (X) Delete
Name: ESTRADA, JACOB A
Address: 9965 SHADOW CREEK DR.
City-St-Zip: ORLANDO, FL 3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESTRADA, CESAR A
Address: 4944 PARKVIEW DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP (X) Change () Addition
Name: ESTRADA, AUGUSTO
Address: 14812 S.W 80TH
City-St-Zip: MIAMI, FL 33193

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: CESAR ESTRADA

P

03/10/2006

Electronic Signature of Signing Officer or Director

Date