
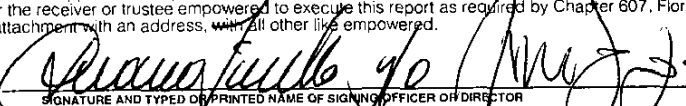


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90011 039 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P05000131299 1. Entity Name GLOBAL TECHNOLOGIES INVESTMENT INC. | | | |  | |
| Principal Place of Business 10703 VERSAILLES BLVD WELLINGTON, FL 33467 US | | | Mailing Address 10703 VERSAILLES BLVD WELLINGTON, FL 33467 US | | |
| 2. Principal Place of Business 4095 State Road 7 Suite, Apt. #, etc. L201 City & State Lake Worth, Fl. | | | 3. Mailing Address 4095 State Road 7 Suite, Apt. #, etc. L201 City & State Lake Worth, Fl. | | |
| 4. FEI Number 20-3818982 | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete BERGONZOLI, JUAN 10703 VERSAILLES BLVD WELLINGTON, FL 33467 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bergonzoli, Juan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4095 State Road 7, suite L201 Lake Worth, Fl. 33467 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PALLARES, ENRIQUE 1831 CAPESIDE CIRCLE WELLINGTON, FL 33414 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pallares, Enrique <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4095 State Road 7, suite L201 Lake Worth, Fl. 33467 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete CHAPETA, EDUARDO 1831 CAPESIDE CIRCLE WELLINGTON, FL 33414 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chapeta, Eduardo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4095 State Road 7, suite L201 Lake Worth, Fl. 33467 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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. | | | | | |
| SIGNATURE:  3/13/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |