


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000156774</b> 1. Entity Name GLOBAL CONSTRUCTORS, INC.	
---	---

Principal Place of Business 11523 PALM BRUSH TRAIL #169 LAKEWOOD RANCH, FL 34202	Mailing Address 11523 PALM BRUSH TRAIL #169 LAKEWOOD RANCH, FL 34202
---	---

**DO NOT WRITE IN THIS SPACE**



02172007 No Chg-P CR2E034 (11/05)

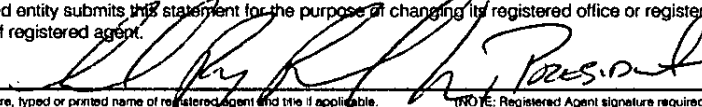
4. FEI Number 20-3862638	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, ALVIN R JR.  
6469 FOX GRAPE LANE  
LAKEWOOD RANCH, FL 34202-2026

**DO NOT WRITE  
IN THIS SPACE**

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  2/17/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BECKER, ALVIN R JR 6469 FOX GRAPE LANE LAKEWOOD RANCH, FL 342022026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLECHER, MICHAEL 6844 CORAL CIR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BALES, RICHARD W JR 1730 SHADOW VIEW CIR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BECKER, ALVIN R JR 6469 FOX GRAPE LANE LAKEWOOD RANCH, FL 342022026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000712408  
04/26/07-80046-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:  2/17/07 941-727-8866

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