


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000003033	
1. Entity Name GLOBAL CUSTOMS SECURITY CONSULTING INC.	

Principal Place of Business 6405 NW 36TH ST STE 119 MIAMI, FL 33166	Mailing Address 6405 NW 36TH ST STE 119 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4098468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HEFFNER, GARY L 6405 NW 36TH ST STE 119 MIAMI, FL 33166	

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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 _____ DATE _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000802787 02/04/08-80012-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HEFFNER, GARY L 6405 NW 36TH ST STE 119 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'BRIEN, THOMAS J 83 GREAT SPIRIT BOX 258 CLIO, CA 96106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PETRIN, JOHN D 408 RED SKY BOX 130 CLIO, CA 96106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HYLAND, THOMAS E 2021 E DALTON AVE SPOKANE, WA 99207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Thomas J. O'Brien **Thomas J. O'Brien** Jan 22, 2008 415-545-5487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #