


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90044 003 ***150.00

DOCUMENT # P06000134180		
1. Entity Name GLOBAL CLIENT SERVICES INC.,		

Principal Place of Business 11312 FENIMORE CT. WINDERMERE, FL 34786	Mailing Address 11312 FENIMORE CT. WINDERMERE, FL 34786
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2. Principal Place of Business - No P.O. Box # 5036 DR PHILLIPS BLVD Suite, Apt. #, etc.	3. Mailing Address 5036 DR PHILLIPS BLVD Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32819	Country USA



05252007 Chg-P CR2E034 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALABRESE, MATTHEW J 11312 FENIMORE CT WINDERMERE, FL 34786	7. Name and Address of New Registered Agent Name CALABRESE MATTHEW Street Address (P.O. Box Number is Not Acceptable) 5036 DR PHILLIPS BLVD City ORLANDO FL Zip Code 32819
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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 <i>Matthew J Calabrese</i>	DATE 9/28/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALABRESE, MATTHEW J 11312 FENIMORE CT. WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CALABRESE, MATTHEW J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5036 DR. PHILLIPS BLVD ORLANDO, FL 32819
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
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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: <i>Matthew J Calabrese</i>	DATE 9/28/07	Daytime Phone #
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