## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2008 8:00 am Secretary of State

DOCUMENT # P06000155930  1. Enlity Name GLOBAL FRANKLIN GROUP, INC.						02-28-2008	90001 022 ***15	50.00
Principal Place of Business 710 SPRING LAKE DR MELBOURNE, FL 32940 MELBOURNE, FL 32940 MELBOURNE, FL 32940 MELBOURNE, FL 32940			10		I seemen me		n Haal anal and 19189 nm ee	(1 <b>11</b> ) (2 1 <b>10</b> )
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number			optied For	
Zip	Country Zip Cou		Coun	itry	1 "	f Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and A	ddress of New R	egistered Agent	
EDANULAL THANKS				Name				
FRANKLIN, TIMMY D 710 SPRING LAKE DR MELBOURNE, FL 32940				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	е
	named entity submits this statement fions of registered agent.	or the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE "	$\varepsilon_{\rm s}$ Signature, typed or printed name of registered agen	And all the second seco	F. Danielan		d		0.175	<u></u>
, · · · · · · · · · · ·	Signature, typed or printed name of registered agen	tand that it applicable. (1904)	c: registere	d Agent signature require	o when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fine Trust Fund Contribution					.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

2/25/08

321-223-2325

Daytime Phone #