

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90034 041 ***150.00

DOCUMENT # P07000122446		
1. Entity Name GLOBAL MEDICS INCORPORATED		

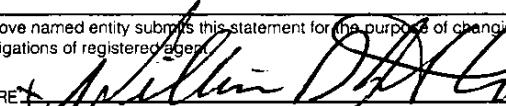
Principal Place of Business 14330 58TH STREET NORTH 1213 CLEARWATER, FL 33760	Mailing Address 14330 58TH STREET NORTH 1213 CLEARWATER, FL 33760
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2. Principal Place of Business - No P.O. Box # 2655 ULMERON RD	3. Mailing Address 2655 ULMERON RD
(Suite) Apt. #, etc. 204	(Suite) Apt. #, etc. 204

City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33762	Country USA

6. Name and Address of Current Registered Agent FAIRCLOTH, WILLIAM D 14330 58TH STREET NORTH 1213 CLEARWATER, FL 33760	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL
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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.

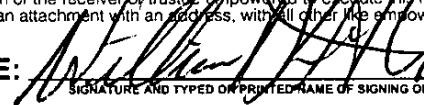
SIGNATURE: 
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/11/08
DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FAIRCLOTH, WILLIAM D 14330 58TH STREET NORTH #1213 CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES William David Faircloth 12344 Cloverstone Drive Tampa, Florida 33624	<input checked="" 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
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/08 111141242
Date Daytime Phone #