


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 044 ***150.00

DOCUMENT # P93000021640 1. Entity Name GLOBAL DIVERSIFIED PRODUCTS, INC.																													
Principal Place of Business 11400 47 STREET NORTH CLEARWATER, FL 33762			Mailing Address 11400 47 STREET NORTH CLEARWATER, FL 33762																										
2. Principal Place of Business 5195 102 ND AVE N Suite, Apt. #, etc.		3. Mailing Address PO BOX 17612 Suite, Apt. #, etc.																											
City & State PINELLAS PARK FL Zip 33782 Country USA		City & State CLEARWATER FL Zip 33762 Country USA		4. FEI Number 59-3169134 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01052005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent JUNEJA, KAMAL S 11400 47 STREET NORTH CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KAMAL S. JUNEJA **1/5/05** **727-209-0854**

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