


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90023 042 \*\*\*150.00

<b>DOCUMENT # P93000034527</b>					
1. Entity Name <b>FIRST GLOBAL COMMERCE, INC.</b>					
Principal Place of Business <b>BROMLEY VILLAGE ROUTE 11 PERU VT 05152 US</b>			Mailing Address <b>PO BOX 2669 MANCHESTER CENTER VT 05255 US</b>		
2. Principal Place of Business <b>23 VALLEY VIEW RD.</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MANCHESTER CENTER, VT</b>			City & State		
Zip <b>05255</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>59-3183863</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KATZ, ARNOLD 4800 NW 2ND STREET SUITE 6 BOCA RATON FL 33431</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, ARNOLD BROMLEY VILLAGE PERU VT 05152	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT KATZ, ARNOLD 23 VALLEY VIEW RD MANCHESTER CENTER, VT 05255	
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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2nd MOORE CR2E034 (5/05)

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:  **ARNOLD KATZ** 8/25/05 802 362 2943