2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000057606 1. Entity Name 2007 MAY 14 PM 12: 32 FLORIDA GLOBAL, INC. SECRETARY OF STATE TALLAHASSEE.FLORIDA Mailing Address Principal Place of Business C/O MARION PRYOR, CPA C/O HARALD H. EYBEN 89 SOUTH ATLANTIC AVE, STE 1406 P.O. BOX 2948 ORMOND BEACH, FL 32175-2948 ORMOND BEACH, FL 32176 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 CR2E034 (12/06) Cha-P City & State 4. FEI Number Applied For City & State 59-3196103 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERDA EYBEN Street Address (P.O. Box Number is Not Acceptable) 8 9 S-ATLANTI CAVENUE EYBEN, HARALD H 89 SOUTH ATLANTIC AVENUE **SUITE 1406** ORMOND BEACH, FL 32176 ORMOND BEACH 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. GERDA SIGNATURE_ (NOTE: Registered Agent sig and title if explicable when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD PTD ☐ Delete __ Addition TILE TITLE EYBEN, HARALD NAME STREET ADORESS 89 S. ATLNTIC AVE., SUITE 1406 STREET ADDRESS CITY-ST-ZIP ORMOND BCH, FL 32176 CITY-ST-ZIP V PS Change TITLE ☐ Delete TITLE Addition GERDA EYBEN 89 S. ATLANTIC ANE. , SUITE 1406 NAME NAME STREET ADDRESS STREET ADDRESS ORMOND BECHFL 32176 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE ☐ Addition TITLE NAME ns/31/07--01033--010 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. HARALD SIGNATURE: Daytime Phone

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