## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000046197

Entity Name: GLOBAL-5, INC.

ORLANDO, FL 32826

FILED Jan 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13501 INGENUITY DR STE 300 SANLANDO CENTER

2180 WEST SR 434, SUITE 1150 LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Mailing Address:** New Mailing Address:

305 STONEBRIDGE DR SANLANDO CENTER

2180 WEST SR 434, SUITE 1150 LONGWOOD, FL 32779 LONGWOOD, FL 32779

FEI Number: 59-3386378 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMILL, MARY 13501 INGENUITY DR STE 300

Title:

SANLANDO CENTER 2180 WEST SR 434, SUITE 1150 ORLANDO, FL 32826

LONGWOOD, FL 32779 US

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.

HAMILL, MATT

SIGNATURE: MATTHEW HAMILL 01/04/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

CFO ( ) Delete Title: CFO (X) Change ( ) Addition HAMILL, MARY Name: HAMILL, MARY

Name: 305 STONEBRIDGE DR. 2180 WEST SR 434, SUITE 1150 Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 US

COO Title: COO Title: () Delete (X) Change ( ) Addition HAMILL, MATT Name: HAMILL, MATT Name:

305 STONEBRIDGE DR. 2180 WEST SR 434, SUITE 1150 Address: Address:

LONGWOOD, FL 32779 LONGWOOD, FL 32779 US City-St-Zip: City-St-Zip:

Title: Title: () Delete CFO ( ) Change (X) Addition

Name: LUKE, JENNI Name:

2180 WEST SR 434, SUITE 1150 Address Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW HAMILL COO 01/04/2005