2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # P96000081045** 1. Entity Name GLOBAL BUILDING & CONSULTING CORPORATION Principal Place of Business Mailing Address 1964 HOWELL BRANCH ROAD 1964 HOWELL BRANCH ROAD SUITE 110 SUITE 110 WINTER PARK, FL 32792 US WINTER PARK, FL 32792 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3408332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WINSLOW, ROBERT M DO NOT WRITE 1964 HOWELL BRANCH ROAD SUITE 110 IN THIS SPACE WINTER PARK, FL 32792 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.60 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE WINSLOW, ROBERT NAME STREET ADDRESS 1964 HOWELL BRANCH ROAD ST. 110 City-St-7iP WINTER PARK, FL 32792 TITS F __U00000342812 04/29/05-80070-011 150.00 NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 fixe empowered.

SIGNATURE:

MAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED