


**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90015 025 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000011987</b>		
1. Entity Name GLOBAL RISK ALTERNATIVES, INC.		
Principal Place of Business 1909 TYLER STREET #601 HOLLYWOOD, FL 33020		Mailing Address 1909 TYLER STREET #601 HOLLYWOOD, FL 33020
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GREGORY, GREGOR 4408 PIERCE STREET HOLLYWOOD, FL 33021		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Gregor Gregory</u> DATE <u>1/17/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	C	
NAME	HEUSINKVELD, ROBERT T	
STREET ADDRESS	5508 CAVENDISH COURT	
CITY- ST- ZIP	PLANO, TX 75093	
TITLE	S	
NAME	SMITH, MARTIN B	
STREET ADDRESS	7901 SW 36TH STREET #100	
CITY- ST- ZIP	DAVIE, FL 33328	
TITLE	P	
NAME	GREGORY, GREGOR	
STREET ADDRESS	4408 PIERCE STREET	
CITY- ST- ZIP	HOLLYWOOD, FL 33021	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/17/07</u> Daytime Phone # <u>954-920-2772</u>

60004802



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0726954 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required