2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P97000033808 1. Entity Name GLOBAL REALTY GROUP, INC.					04-18-2005 90552 050 ***150.00			
Principal Place of Business 1548 THE GREEN WAY # 3 JACKSONVILLE BEACH, FL 32250		Mailing Address P. O. BOX 550539 JACKSONVILLE, FL 32255-0531		20035651				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005	Chg-P	CR2E034 (10/03)		
City & Stale		City & State			4. FEI Numbe 59-3448		 -	pplied For ot Applicable
Zip	Country	Zip	Counti		5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New R	egistered Agent	
				Name				
HATHAWAY, RICHARD G 115 PROFESSIONAL DRIVE STE 101				Street Address (P.O. Box Number is Not Acceptable)				
PONTE VEDRA BEACH, FL 32082								
				City FL Zip Code				
	named entity submits this statementions of registered agent. Signature, typed or printed name of registered ag				stered agent, or bot	h, in the State of Flo	orida. I am familiar with	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Can Trust Fund C			55.00 May Be added to Fees			
10. OFFICERS AND DIRECTORS 11.				***	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUE, EDWARD R JR P. O. BOX 550539 JACKSONVILLE, FL 3225505	□ Delete	TITLE NAME STREE CITY-5	T ADDRESS			Change [,]	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	N/		TITLE NAME STREE CITY-S	TADORESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Citange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE' CHY-S	T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 time empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR