2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 20, 2006 08:00 AM Secretary of State DOCUMENT # P97000067291 1. Entity Name GLOBAL IMMIGRATION SERVICES, INC. was Malling Address Principal Place of Business 1850 SW 8 ST STE 207 1850 SW 8 ST STE 207 MIAMI, FL 33135 US MIAMI, FL 33135 US 01162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 65-0821277 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTER, EMELINA A DO NOT WRITE 1860 SW 8 ST MIAMI, FL 33135 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little it applicable. (NOTE, Registered Again signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. TITLE GLOBAL IMMIGRATION SERVICES NAME STREET ADDRESS 1860 SW 8 ST CITY-ST-ZIP MIAMI, FL 33135 U000000391331 U1/24/06-80038-007 150.00 RITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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

SIGNATURE:

MAME STREET ADDRESS CITY-ST-ZIP

FILED