2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P98000035937 1. Entity Name GLOBAL PURSUITS, INC. Principal Place of Business Mailing Address 5841 STANDING OAKS LN NAPLES FL 34119 5841 STANDING OAKS LN NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. "Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEì Number 59-3507595 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCONI, GINA Street Address (P.O. Box Number is Not Acceptable) 5841 STANDING OAKS LN NAPLES FL 34119 Zip Code 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, typod or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstatural) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DCEO Addition TITLE TITLE Change Defete MARCONI, GINA NAME NAME U00000324360 STREET ADDRESS 5841 STANDING OAKS LN STREET ADDRESS 04/22/05-80086-024 150.00 CITY - ST - ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST ZIP CITY ST-ZIP TITLE Delete PAE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete BILL Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF HILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP DILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes 1 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:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina M. Marconi 4/9/05 649-531

FILED