## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 29, 2008 8:00 am Secretary of State

02-29-2008 90028 018 \*\*\*150.00

| DOCUMENT # P98000061858  |  |
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| 1. Entity Name GLOBE CONSULTING & MANAGEMENT, INC.   |  |
| SESSE SOMSETING & MAIN ASCINETY, MO.   |  |
|  | 10,00000   |
| Principal Place of Business Mailing Address  |  |
| 4 <del>427 SE 16TH PLACE</del> C/O L&M ACCOU<br>#2 2735 SANTA BARBARA BLUD, 2804 DEL PRAE  | INTING, INC.<br><del>30 BLVD., #209</del>  |
| CAPE CORAL, FL 39904 Suite 201 CAPE CORAL, FL  | 33904 37NE 9TH AVENUE  |
| 33914 CAPE COR   | RAC, FL 33909  |
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|  |  |
| DO NOT WRITE IN THIS   | 01252008 No Chg-P CR2E034 (11/05)  |
| DO NOT WRITE IN THIS   | William Control of the Control of th |
|  | 65-0854447 Not Applicable  |
|  | 5. Certificate of Status Desired See Required  |
| 6. Name and Address of Current Registered Agent  |  |
|  |  |
| WRIGHT & SHAW, CHRISTINE F WRIGHT  4427 SE 16TH PLACE #2 27.35 SANTA BAR BA  | DO NOT WRITE   |
| CAPE CORAL, FL 23994 33914   |  |
| 55%,7  | IN THIS SPACE  |
| $\sim \Lambda \Lambda$   |  |
| 8. The above named entity submits this statement for the purpose of chan   | ging-its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept   |
| the obligations of registered about  |  |
| SIGNATURE / //////////////////////////////////   | 20/08  |
| Signature_type(Cor printed name of registered agent angletts prapplicable  | (NOTE) Registered Agent signature required when reinstating)  DATE   |
|  |  |
| FILE NOME FEE 12 2450 CD 9. Election   | Campaign Financing \$5.00 May Ro   |
|  | Campaign Financing \$5.00 May Be added to Fees   |
|  |  |
| After May 1, 2008 Fee will be \$550.00 Trust Fur   |  |
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12. I nereby 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 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 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Date Director