


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 22 PM 1:06

<b>DOCUMENT # P99000000824</b> 1. Entity Name GLOBAL OUTSOURCING, INC.	
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Principal Place of Business 12425 28TH ST. N. SUITE 103 ST. PETERSBURG, FL 33716 US	Mailing Address 12425 28TH ST. N. SUITE 103 ST. PETERSBURG, FL 33716 US
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REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. <b>Suite 106</b>	Suite, Apt. #, etc. <b>Suite 106</b>
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01182007 REIN-P CR2E098 (1/07)

City & State	City & State
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4. FEI Number <b>59-3565257</b>	Applied For <input type="checkbox"/> Not Applicable
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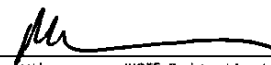
Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent Name <b>O'Connor &amp; Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>1250 South Belcher Road</b> <b>Suite 160</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33771</b>
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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 <b>Patrick M. O'Connor</b> 	01/19/07
Signature, typed or printed name of registered agent and title if applicable	DATE

**FILE NOW!!! FEE IS \$900.00**

300086810269  
01/31/07--01031--014 \*\*\$900.00

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">D DAVIS, PAMELA JO 12425 28TH STREET N., STE. 103 SAINT PETERSBURG, FL 33716</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> </table>	D DAVIS, PAMELA JO 12425 28TH STREET N., STE. 103 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">D May, Randall 245 Challenger Road Cape Canaveral, FL 32920</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> </table>	D May, Randall 245 Challenger Road Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:  Chris Brasfield	01/19/07	727/572-7820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #