


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 MAY -8 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000005572 1. Entity Name GLOBAL WELDING & FABRICATION SERVICE, INC.	
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Principal Place of Business 1690-A N. HERCULES AVE. CLEARWATER, FL 33765	Mailing Address 1690-A N. HERCULES AVE. CLEARWATER, FL 33765
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DO NOT WRITE IN THIS SPACE

04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3562977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, JOEL
1690-A N. HERCULES AVENUE
CLEARWATER, FL 33765

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, JOEL 1608 GENTRY ST. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC ANDERSON, PAMELA RYAN 1608 GENTRY CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Joel ANDERSON, PRES. 4/29/06 (727) 209-0774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #