2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ANNUAL REPORT FILED Sep 14, 2006 08:00 AN Secretary of State **DOCUMENT # P99000060057** 1. Entity Name GLOBAL IT SOLUTIONS AND SERVICES, INC. Mailing Address Principal Place of Business **5232 PELICAN BLVD** 621 E CAPE CORAL PKWY CAPE CORAL, FL 33914 US 3-14 CAPE CORAL, FL 33904 No Chg-P CR2E034 (11/05) 09062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0931472 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TALWAR, SUNIL 5232 PELICAN BLVD CAPE CORAL, FL 33914 N 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 15, 2006 OFFICERS AND DIRECTORS 10. TITLE TALWAR, SUNIL STREET ADDRESS 5232 PELICAN BLVD CITY - ST - ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Prone #