


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000105118 1. Entity Name GLOBAL TELECOM, INC.	
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Principal Place of Business 5 PELIAN ISLE FORT LAUDERDALE, FL 33301	Mailing Address P.O. BOX 30247 FORT LAUDERDALE, FL 33303
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0415931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LAVENDER, JOEL ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD CARSON, ROXANN P.O. BOX 30247 FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARSON, JAMES T P.O. BOX 30247 FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRISON, KEVIN JAMES T P.O. BOX 30247 FORT LAUDERDALE, FL 33303
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IN THIS SPACE**

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05/05/05-80069-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roxann Carson **43005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #