

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90044 018 \*\*\*150.00

<b>DOCUMENT # S15680</b> 1. Entity Name <b>GLOBAL MARKETING &amp; MANGEMENT SERVICES, INC.</b> <i>GLOBAL MARKETING &amp; MANAGEMENT SERVICES, INC.</i>			
Principal Place of Business <b>1523 MALLARD CT.</b> <b>TITUSVILLE, FL 32796 US</b>		Mailing Address <b>1523 MALLARD CT.</b> <b>TITUSVILLE, FL 32796 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7 INDIAN RIVER AVE.</b> Suite, Apt. #, etc. <b>APT. 1204</b>		3. Mailing Address <b>7 INDIAN RIVER AVE.</b> Suite, Apt. #, etc. <b>APT. 1204</b>	
City & State <b>TITUSVILLE, FL</b>		City & State <b>TITUSVILLE, FL</b>	
Zip <b>32796</b>	Country <b>USA</b>	Zip <b>32796</b>	Country <b>USA</b>
4. FEI Number <b>59-3037570</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VAN ENGELBURG, WILLIAM</b> <b>1523 MALLARD CT.</b> <b>TITUSVILLE, FL 32796</b> <i>7 INDIAN RIVER AVE APT 1204</i>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7 INDIAN RIVER AVE.</b> <b>APT. 1204</b> City <b>TITUSVILLE, FL</b> Zip Code <b>32796</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>APRIL 9, 2007</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>VAN ENGELBURG, WILLIAM</b> STREET ADDRESS <b>1523 MALLARD CT.</b> CITY-ST-ZIP <b>TITUSVILLE, FL 32796</b>	TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VAN ENGELBURG, WILLIAM</b> STREET ADDRESS <b>7 INDIAN RIVER AVE. APT. 1204</b> CITY-ST-ZIP <b>TITUSVILLE, FL 32796</b>	TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VAN ENGELBURG, ELTJE</b> STREET ADDRESS <b>7 INDIAN RIVER AVE., APT. 1204</b> CITY-ST-ZIP <b>TITUSVILLE, FL 32796</b>	
TITLE <b>SD</b> <input type="checkbox"/> Delete NAME <b>VAN ENGELBURG, ELTJE</b> STREET ADDRESS <b>1523 MALLARD CT.</b> CITY-ST-ZIP <b>TITUSVILLE, FL 32796</b>	TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VAN ENGELBURG, ELTJE</b> STREET ADDRESS <b>7 INDIAN RIVER AVE., APT. 1204</b> CITY-ST-ZIP <b>TITUSVILLE, FL 32796</b>		
TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>VAN ENGELBURG, WILLIAM IV</b> STREET ADDRESS <b>25302 139TH PLACE SOUTHEAST</b> CITY-ST-ZIP <b>KENT, WA 98042</b>	TITLE <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VAN ENGELBURG, WILLIAM IV</b> STREET ADDRESS <b>26452 137TH AVE. S.E.</b> CITY-ST-ZIP <b>KENT, WA 98042</b>		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP  	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME  STREET ADDRESS  CITY-ST-ZIP  		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP  	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME  STREET ADDRESS  CITY-ST-ZIP  		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP  	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME  STREET ADDRESS  CITY-ST-ZIP  		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-09-07</b> Daytime Phone # <b>321-269-5913</b>	