


**2004 FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # V23802 1. Entity Name GLOBAL STRATEGIES OF NAPLES, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 AM 9:20

Principal Place of Business 125 AVIATION DR S SUITE 202 NAPLES, FL 34104 US	Mailing Address 125 AVIATION DR S SUITE 202 NAPLES, FL 34104 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARNEY, BRENDAN J 125 AVIATION DR.S., SUITE 202 NAPLES, FL 34104		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 65-0319148	Applied For <input type="checkbox"/> Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARNEY, BRENDAN J			NAME	SALOMON J. CARDENAS		
STREET ADDRESS	125 AVIATION DR.S., SUITE 202			STREET ADDRESS	580 11th Street N		
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	NAPLES, FL 34102-5847		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	800042402598	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	11/02/04--01055--005		
STREET ADDRESS				STREET ADDRESS	**61.25		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brendan J. Carney **Brendan J. Carney** 9-30-04 239-262-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/9/04