2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328176

Entity Name: GMRI, INC.

FILED Mar 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O TAX DEPARTMENT 5900 LAKE ELLENOR DR ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 5900 LAKE ELLENOR DRIVE 2ND FLOOR CORP TAX ORLANDO, FL 3285-330 FEI Number: 59-1219168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WHITE, WILLIAM R III Name: Name: 6100 ELLENOR LAKE Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WALSH, RICHARD J. Name: 5900 LAKE ELLENOR DR Address: Address: ORLANDO, FL 32809 City-St-Zip: City-St-Zip: Title: Title: DP () Delete () Change () Addition BURNS, LAURIE Name: Name: 5900 LAKE ELLENOR DR Address: Address: ORLANDO, FL 32809 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition ABNEY, CHARLENE Name: Name: Address: 5900 LAKE ELLENOR DR. Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: ٧S Title: () Delete () Change () Addition WILLIAMS, GEORGE T. Name: Name: 5900 LAKE ELLENOR DR Address: Address: City-St-Zip: ORLANDO, FLORIDA 0, City-St-Zip: Title: () Delete Title: (X) Change () Addition HELSEL, STEPHEN E Name: Name: HARRIGAN, PATRICK 6100 LAKE ELLENOR DR. 6100 LAKE ELLENOR DR. Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK HARRIGAN V 03/01/2006