

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005973

FILED
Jan 15, 2004
Secretary of State

Entity Name: GORDON'S ENHANCED TECHNOLOGY MARKETING, INC.

Current Principal Place of Business:

4500 RATLIFF LANE
SUITE 108
ADDISON, TX 75001

New Principal Place of Business:

Current Mailing Address:

4500 RATLIFF LANE
SUITE 108
ADDISON, TX 75001

New Mailing Address:

FEI Number: 75-2784367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PCD () Delete
Name: GORDON JR, JAMES K
Address: 4500 RATLIFF LANE, STE 108
City-St-Zip: ADDISON, TX 75001

Title: VSTD () Delete
Name: GORDON, ALMA BELLA I
Address: 4500 RATLIFF LANE, STE 108
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALMA BELLA I. GORDON

VP

01/15/2004

Electronic Signature of Signing Officer or Director

_____ Date