

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061129

FILED
Sep 07, 2005
Secretary of State

Entity Name: GAMMA PROJECTS, INC.

Current Principal Place of Business:

119 TRADERS ALLEY
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

119 TRADERS ALLEY
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3725395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 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: D () Delete
Name: RASHID, MOHAMID
Address: DAVIE MCLEAN HOUSE, THE BREWERY, MAGOR CAL
City-St-Zip: GWENT NP 26 3DJ UNITED KINGD,

Title: D () Delete
Name: RYAN, JULIAN
Address: DAVIE MCLEAN HOUSE, THE BREWERY, MAGOR CAL
City-St-Zip: GWENT NP 26 3DJ UNITED KINGD,

Title: D () Delete
Name: ZWEEKHORST, AREND
Address: DAVIE MCLEAN HOUSE, THE BREWERY, MAGOR CAL
City-St-Zip: GWENT NP 26 3DJ UNITED KINGD,

Title: D () Delete
Name: GRIFFITHS, DAVID
Address: 119 TRADERS ALLEY
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RASHID, MOHAMID
Address: 119 TRADERS ALLEY
City-St-Zip: LAKELAND, FL 33801 US

Title: D (X) Change () Addition
Name: RYAN, JULIAN
Address: 119 TRADERS ALLEY
City-St-Zip: LAKELAND, FL 33801 US

Title: D (X) Change () Addition
Name: ZWEEKHORST, AREND
Address: 119 TRADERS ALLEY
City-St-Zip: LAKELAND, FL 33801 US

Title: D (X) Change () Addition
Name: GRIFFITHS, DAVID
Address: 119 TRADERS ALLEY
City-St-Zip: LAKELAND, FL 33801 US

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: DAVID GRIFFITHS

D

09/07/2005

Electronic Signature of Signing Officer or Director

_____ Date