


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000036654**  
 1. Entity Name  
**G SQUARED DESIGN SOLUTIONS, INC.**



Principal Place of Business: **12374 BERKELEY SQUARE DR TAMPA, FL 33626**  
 Mailing Address: **12374 BERKELEY SQUARE DR TAMPA, FL 33626**



04102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **36-1055780** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SMOUT, LES R**  
**2378 ANTHONY AVE**  
**CLEARWATER, FL 33759**

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

1000000309268  
 04/16/05-80031-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRUDIS, JOANNE
STREET ADDRESS	12374 BERKELEY SQUARE DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	VD
NAME	GRUDIS, AARON
STREET ADDRESS	12374 BERKELEY SQUARE DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	T
NAME	SMOUT, LES R
STREET ADDRESS	12374 BERKELEY SQUARE DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	SD
NAME	SMOUT, JUDITH N
STREET ADDRESS	12374 BERKELEY SQ DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joanne S. Grudis **Joanne S. Grudis** 4/14/05 813-854-1738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #