


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 26, 2007 08:00 AM
Secretary of State**

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



Principal Place of Business: 10019 OASIS PALM DR, TAMPA, FL 33615
Mailing Address: PO BOX 848, OLDSMAR, FL 34677



03122007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUDIS, JOANNE 10019 OASIS PALM DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUDIS, AARON 10019 OASIS PALM DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMOUT, LES R 10019 OASIS PALM DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMOUT, JUDITH N 10019 OASIS PALM DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/07-80014-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Les R Smout LES R SMOUT Treasurer 3-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #