


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 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**

DO NOT WRITE IN THIS SPACE



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-1055780	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 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	

DO NOT WRITE IN THIS SPACE

U000000828208
 02/25/08-80003-003 150.00

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** **2-11-08** **727-797-0630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TREASURER