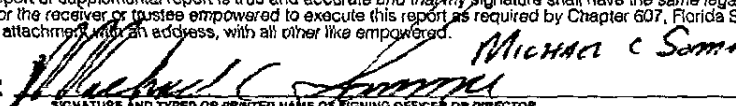


FILED
Feb 03, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000051974		
1. Entity Name GSA, INC.		
Principal Place of Business 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957 US		Mailing Address 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957 US
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0432867		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
AMERICAN INFORMATION SERVICES, INC. 350 E. LAS OLAS BLVD. SUITE 1600 FT. LAUDER, FL 32301		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____		
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	P GREENE, ROBERT D 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSON, PHILIP J 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOMMERS, MICHAEL C 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSON, PHILIP JR 2000 JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Michael C. Sommers 1/27/2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		