

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# P95000033111

Entity Name: GMRI CANADA, INC.

**Current Principal Place of Business:**

6100 LAKE ELLENOR DR.  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 593330  
ORLANDO, FL 32859

**New Mailing Address:**

FEI Number: 59-3312030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

CORPORATE SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 323012525 US

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: LYNETTE COLEMAN, ASSISTANT VP      04/29/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CAMPBELL, LAWRENCE W  
Address: 6100 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL 32809

Title: P/T      ( ) Delete  
Name: WHITE, WILLIAM R III  
Address: 5900 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

Title: V      ( ) Delete  
Name: RICHMOND, BRAD  
Address: 5900 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: V      ( ) Delete  
Name: HARRIGAN, PATRICK  
Address: 6100 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

Title: AST      ( ) Delete  
Name: WALKER, ANTHONY  
Address: 6100 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: VS      ( ) Delete  
Name: SHIVES, PAULA J  
Address: 5900 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTHONY WALKER      AST      04/29/2009  
Electronic Signature of Signing Officer or Director      Date