


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103571 1. Entity Name GSIS TECHNOLOGY, INC.	
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Principal Place of Business 4311 WEST WATERS STREET #401 TAMPA, FL 33614	Mailing Address 4311 WEST WATERS STREET #401 TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4623588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH M
 4311 W WATERSHAVE #401
 TAMPA, FL 33614

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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 \$550.00
Due by September 8, 2004

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

U00000169789
 08/09/04-80011-004 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOSEPH M 4311 WEST WATERS STREET #401 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEBBINGS, GENN 2512 ARTESUA BKVD STE 250 REDONDO BEACH, CA 90278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANOUILLE, ANDREA L 2512 ARTESUA BKVD STE 250 REDONDO BEACH, CA 90278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIA, PATRICK L 119 LITTLETON ROAD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **JOSEPH M. WILLIAMS** (813) 889-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #