

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043057

Entity Name: GWN SECURITIES, INC.

FILED  
Feb 18, 2005  
Secretary of State

**Current Principal Place of Business:**

7121 FAIRWAY DRIVE  
SUITE 202  
PALM BEACH GARDENS, FL 334183764

**New Principal Place of Business:**

**Current Mailing Address:**

7121 FAIRWAY DRIVE  
SUITE 202  
PALM BEACH GARDENS, FL 334183764

**New Mailing Address:**

FEI Number: 65-0939556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WALSH, MARY T  
7121 FAIRWAY DR. STE 202  
PALM BEACH GARDENS, FL 334183764 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: WALSH, JOHN P  
Address: 7121 FAIRWAY DRIVE SUITE 202  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DP ( ) Delete  
Name: WALSH, DENIS S  
Address: 7121 FAIRWAY DRIVE SUITE 202  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPT ( ) Delete  
Name: MONTEIRO, MARIO  
Address: 7121 FAIRWAY DRIVE SUITE 202  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete  
Name: WALSH, MARY THERESE  
Address: 7121 FAIRWAY DRIVE SUITE 202  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIO MONTEIRO

VPT

02/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date