

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043057

FILED
Apr 08, 2009
Secretary of State

Entity Name: GWN SECURITIES, INC.

Current Principal Place of Business:

11440 NORTH JOG ROAD
SUITE 101
PALM BEACH GARDENS, FL 334181766

New Principal Place of Business:

Current Mailing Address:

11440 NORTH JOG ROAD
SUITE 101
PALM BEACH GARDENS, FL 334181766

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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: 11440 NORTH JOG ROAD, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DP () Delete
Name: WALSH, DENIS S
Address: 11440 NORTH JOG ROAD, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPT () Delete
Name: MONTEIRO, MARIO
Address: 11440 NORTH JOG ROAD, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: WALSH, MARY T
Address: 11440 NORTH JOG ROAD, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: RITTMAN, BARRY
Address: 11440 NORTH JOG ROAD, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: MARIO MONTEIRO

VP

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date