

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328176

Entity Name: GMRI, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

C/O TAX DEPARTMENT
5900 LAKE ELLENOR DR
ORLANDO, FL 32809 US

Current Mailing Address:

5900 LAKE ELLENOR DRIVE
2ND FLOOR CORP TAX
ORLANDO, FL 3285-330 US

New Principal Place of Business:

C/O CORPORATE TAX DEPARTMENT
6100 LAKE ELLENOR DR
ORLANDO, FL 32809 US

New Mailing Address:

C/O CORPORATE TAX DEPARTMENT
6100 LAKE ELLENOR DR
ORLANDO, FL 32809 US

FEI Number: 59-1219168

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:

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: V/T () Delete
Name: WHITE, WILLIAM R III
Address: 6100 ELLENOR LAKE
City-St-Zip: ORLANDO, FL 32809

Title: V () Delete
Name: WALSH, RICHARD J.
Address: 5900 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: DP () Delete
Name: BURNS, LAURIE
Address: 5900 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: AS () Delete
Name: ABNEY, CHARLENE
Address: 5900 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: VS () Delete
Name: WILLIAMS, GEORGE T.
Address: 5900 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FLORIDA 0,

Title: V () Delete
Name: HARRIGAN, PATRICK
Address: 6100 LAKE ELLENOR DR.
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: PATRICK HARRIGAN

V

01/08/2008

Electronic Signature of Signing Officer or Director

Date