2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506655

Title:

Name:

Address: City-St-Zip:

FILED Apr 18, 2007 Secretary of State

Entity Name: GMI HOLDING COMPANY Current Principal Place of Business: New Principal Place of Business: 900 S BAY BLVD P. O. BOX 862 ANNA MARIA, FL 34216 **New Mailing Address: Current Mailing Address:** P. O. BOX 862 ANNA MARIA, FL 34216 FEI Number: 59-1691932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALATI, JOSEPH 900 SOUTH BAY BLVD. P. O. BOX 862 ANNA MARIA, FL 34216 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GALATI, CARMINE Name: Name: 900 SOUTH BAY BLVD Address: Address: City-St-Zip: ANNA MARIA, FL 34216 City-St-Zip: PD () Delete Title: PD Title: (X) Change () Addition Name: GALATI, JOSEPH Name: GALATI, JOSEPH 3957 INDIAN TRAIL DRIVE 900 SOUTH BAY BLVD Address: Address: ANNA MARIA, FL 34216 City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition GALATI, MICHAEL A JR Name: Name: 900 SOUTH BAY BLVD Address: Address: City-St-Zip: ANNA MARIA, FL 34216 City-St-Zip: () Delete Title: VD Title: () Change () Addition GALATI, CHRISTOPHER Name: Name: Address: 900 SOUTH BAY BLVD Address: City-St-Zip: ANNA MARIA, FL 34216 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH GALATI DIR 04/18/2007

() Delete

GALATI, FRANCES M

4109 51ST DRIVE W

BRADENTON, FL 34210

(X) Change () Addition

GALATI, FRANCES M

900 SOUTH BAY BLVD

ANNA MARIA, FL 34216