

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 579066

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** GSP MARKETING TECHNOLOGIES, INC.

**Current Principal Place of Business:**

5400 140TH AVE NORTH  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

**Current Mailing Address:**

5400 140TH AVE NORTH  
CLEARWATER, FL 33760 US

**New Mailing Address:**

14055 46TH STREET NORTH  
SUITE 1112  
CLEARWATER, FL 33762 US

**FEI Number:** 59-1834766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEUHOFF, PAUL F  
5400 140TH AVE NORTH  
CLEARWATER, FL 33760 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

**OFFICERS AND DIRECTORS:**

Title: COB  
Name: NEUHOFF, PAUL F  
Address: 5400 140TH AVE NORTH  
City-St-Zip: CLEARWATER, FL 33760 US

Title: CEO  
Name: NEUHOFF, GEOFF  
Address: 5400 140TH AVE NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: BOD  
Name: CHAPPELL, COLLEEN  
Address: 5400 140TH AVE NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: BOD  
Name: SAVAGE, PETER  
Address: 5400 140TH AVE NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: BOD  
Name: DUGAN, JAMES  
Address: 5400 140TH AVE NORTH  
City-St-Zip: CLEARWATER, FL 33760

I hereby 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 all other like empowered.

SIGNATURE: PAUL NEUHOFF

COB

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date