


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 605615
 1. Entity Name
 G.A.M. PROPERTIES, INC.



Principal Place of Business: 2369 JOSE CIRCLE N JACKSONVILLE, FL 32217 US
 Mailing Address: PO BOX 17094 JACKSONVILLE, FL 32256 US

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1030403 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MICHAELS, ARNOLD J
 2369 JOSE CIRCLE N
 JACKSONVILLE, FL 32217

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Arnold J. Michaels* DATE: 4-5-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: VPTD NAME: MICHAELS, ARNOLD J STREET ADDRESS: 2369 JOSE CIRCLE N CITY-ST-ZIP: JACKSONVILLE, FL 32217	
TITLE: PDS NAME: ROSENBERY, JERALD STREET ADDRESS: 1046 PARK STREET CITY-ST-ZIP: JACKSONVILLE, FL 32204	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Arnold J. Michaels* DATE: 4-5-05 DAYTIME PHONE #: 904-754-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR