



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 714563</b>			
1. Entity Name <b>GAMMA RHO INTERNATIONAL, INC.</b>			
Principal Place of Business <b>4723 PINTAIL DRIVE TALLAHASSEE, FL 32317 US</b>		Mailing Address <b>POST OFFICE BOX 10138 PO BOX 10138 TALLAHASSEE, FL 32302 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03042008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2348453</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SOWINSKI, JOE 4723 PINTAIL DRIVE TALLAHASSEE, FL 32317</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  UN00000849833 03/21/08-80036-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALLAS, ALLEN W 12100 SW 87TH CT MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOWINSKI, JOE 4723 PINTAIL DRIVE TALLAHASSEE, FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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.			
<b>SIGNATURE:</b> <i>Joe Sowinski</i> <b>JOE Sowinski</b>		Date <i>March 4, 2008</i> Daytime Phone # <i>878-4568</i>	