2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852232

Entity Name: GK TECHNOLOGIES, INCORPORATED

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
4 TESSEN HIGHLANI	IEER DR D HEIGHTS, KY	⁄ 41076	US		
Current Mailing Address:				New Mailing Address:	
4 TESSEN HIGHLANI	IEER DR D HEIGHTS, KY	41076	US		
FEI Number	: 13-3064555	FEI Numl	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
1200 S. PI	ORATION SYS NE ISLAND RO ION, FL 33324				
	named entity s e of Florida.	ubmits thi	s statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:				
Electronic Signature of Registered Ager				ent	Date
Election Ca	mpaign Financing	Trust Fund	d Contribution ().		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PCEO () KENNY, GREGO 7756 TECUMSE CINCINNATI, OH	HTR.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VTD () ROBINSON, BRI 6307 TRAIL RID LOVELAND, OH	GE COURT		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPDS () SIVERD, ROBER 6700 ALBERLY CINCINNATI, OH	RD.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	AS ()	Delete		Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY J. WHELAN AS 03/27/2009

WHELAN, JEFFREY J

9006 PATRICKS GLEN

CINCINNATI, OH 45242

Name:

Address:

City-St-Zip: