


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000001258 1. Entity Name GIPE ASSOCIATES, INC.	
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Principal Place of Business 849 FAIRMOUNT AVENUE, SUITE 102 TOWSON, MD 21286	Mailing Address PO BOX 1147 EASTON, MD 21601
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1164876	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEEDON, GARY N 10 CANVAS PLACE BEL AIR, MD 21015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD ALBAN, JEFF 3600 SOUTHSIDE AVENUE PHOENIX, MD 21131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD GIPE, ALBERT B 26048 GOOSENECK ROAD ROYAL OAK, MD 21662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD PURTELL, MICHAEL J 544 ANCHOR DRIVE JOPPA, MD 21085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD HOFFMAN, DAVID R 2214 HORNS POINT ROAD CAMBRIDGE, MD 21613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, JAMES W 3 LEONARD COURT PERRY HALL, MD 21128

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02/22/07-80010-013 150.00

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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 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:  **David R. Hoffman** **2/9/07** **410-822-8688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #