


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90129 015 \*\*\*550.00

<b>DOCUMENT # F00000003992</b> 1. Entity Name GUIDANCE PATHWAY SYSTEMS, INC.	
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Principal Place of Business 34-40 FRONT STREET PO BOX 51086 INDIAN ORCHARD, MA 01151	Mailing Address 34-40 FRONT STREET PO BOX 51086 INDIAN ORCHARD, MA 01151
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**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3496718	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  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLBER, RICHARD 3170 SOUTH OCEAN BLVD APT 504N PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GABERMAN, RICHARD M 217 ARDLSEY ROAD LONGMEADOW, MA 01106
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	

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IN THIS SPACE**

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:**  **4/30/07** **413.543.4757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #