
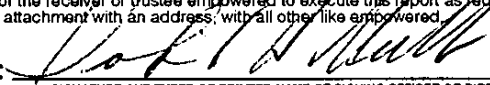


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90042 010 \*\*\*550.00

<b>DOCUMENT # F02000002562</b> 1. Entity Name GPF, INC.																																																																																																																																																											
Principal Place of Business 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010			Mailing Address 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		4. FEI Number 13-1547307																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525																																																																																																																																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PCD GOULD, HARRY E JR. <input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">11 MADISON AVENUE - 14TH FLOOR</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">NEW YORK, NY 10010</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V <input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MATTHEWS, CARL</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11 MADISON AVENUE - 14TH FLOOR</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NEW YORK, NY 10010</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V <input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ANDERSON, ROBERT I</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11 MADISON AVENUE - 14TH FLOOR</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NEW YORK, NY 10010</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VAS <input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PEARL, MICHAEL</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11 MADISON AVENUE - 14TH FLOOR</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NEW YORK, NY 10010</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">AS <input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MALIA, GERALDINE</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11 MADISON AVENUE - 14TH FLOOR</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NEW YORK, NY 10010</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">ST <input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MULLEN, PATRICK</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11 MADISON AVENUE - 14TH FLOOR</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NEW YORK, NY 10010</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PCD GOULD, HARRY E JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	11 MADISON AVENUE - 14TH FLOOR	NAME				STREET ADDRESS	NEW YORK, NY 10010	STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	MATTHEWS, CARL	NAME				STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS				CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP				TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	ANDERSON, ROBERT I	NAME				STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS				CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP				TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	PEARL, MICHAEL	NAME				STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS				CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP				TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	MALIA, GERALDINE	NAME				STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS				CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP				TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	MULLEN, PATRICK	NAME				STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS				CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	PCD GOULD, HARRY E JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																								
NAME	11 MADISON AVENUE - 14TH FLOOR	NAME																																																																																																																																																									
STREET ADDRESS	NEW YORK, NY 10010	STREET ADDRESS																																																																																																																																																									
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																																																																									
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																								
NAME	MATTHEWS, CARL	NAME																																																																																																																																																									
STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS																																																																																																																																																									
CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP																																																																																																																																																									
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																								
NAME	ANDERSON, ROBERT I	NAME																																																																																																																																																									
STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS																																																																																																																																																									
CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP																																																																																																																																																									
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																								
NAME	PEARL, MICHAEL	NAME																																																																																																																																																									
STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS																																																																																																																																																									
CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP																																																																																																																																																									
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																								
NAME	MALIA, GERALDINE	NAME																																																																																																																																																									
STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS																																																																																																																																																									
CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP																																																																																																																																																									
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																								
NAME	MULLEN, PATRICK	NAME																																																																																																																																																									
STREET ADDRESS	11 MADISON AVENUE - 14TH FLOOR	STREET ADDRESS																																																																																																																																																									
CITY-ST-ZIP	NEW YORK, NY 10010	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 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.																																																																																																																																																											
<b>SIGNATURE:</b> 				Patrick Mullen 8/2/06 212-301-86390																																																																																																																																																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																																																																																																																																																							

50024491



07172006 Chg-P CR2E034 (11/05)