2004 FOR PROFIT CORPORATION

SIGNATURE:

Jul 19, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # F03000002576 07-19-2004 90008 003 ***150.00 GS FINANCIAL NETWORK, INC. Principal Place of Business Mailing Address 7903 CRESTDALE DRIVE **7903 CRESTDALE DRIVE** 54063348 POTOMAC, MD 20854 POTOMAC, MD 20854 07022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-1990670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.. Name and Address of Current Registered Agent GREELY, JAY DO NOT WRITE 1951 NW 19TH STREET, STE. 103 BOCA RATON, FL. 33431 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE DO not RECENE ORIGINAL Annual REPort Did not 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.™ П Due by September 8, 2004 Trust Fund Contribution. Added to Fees know to look for RECEIVE Ofiginal Annual Most 5 COMPLEY 10. TITLE NAME SHAPIRO, GEORGE 7903 CRESTDALE DRIVE STREET ADDRESS CITY-ST-ZIP POTOMAC, MD 20854 VΡ TITLE GREELY, JAY NAME STREET ADDRESS 1951 NW 19TH STREET, STE. 103 CITY-ST-ZIP BOCA RATON, FL 33431 TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED