

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000713

Entity Name: GWN MARKETING, INC.

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

11440 JOG ROAD
101
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

11440 JOG ROAD
101
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-0169454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALSH, JOHN P
Address: 10 ALSTON RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DP () Delete
Name: WALSH, DENIS
Address: 2372 BAY VILLAGE CT
City-St-Zip: PALM BEACH GARDENS, FL 334102588

Title: VPT () Delete
Name: MONTEIRO, MARIO
Address: 12136 RIVERBEND TRACE
City-St-Zip: PORT ST LUCIE, FL 349846431

Title: S () Delete
Name: WALSH, MARY T
Address: 5533 VIA DE LA PLATA CIR
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARIO MONTEIRO

VPT

03/29/2007

Electronic Signature of Signing Officer or Director

Date