## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005028

Entity Name: GFLT INC.

FILED Feb 24, 2006 Secretary of State

Name and Address of Current Registered Agent:  BARNETTE, BARBARA 13564 FALCON PANTE DR ORLANDO, FL 32837 US  The above named entity submits this statement for the purpose of changing its registered office or registrin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICER  Title:  D () Change () Address of New Register Registered Agent  Title:  () Change () Address of New Register Registered Agent  Title:  Name:  Name and Address of New Register Registered Regi			New Principal Place	e of Business:	arrener imerpari iac
295 ANCHOR RD CASSELBERRY, FL 32707  FEI Number: 27-0017881 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of 3  Name and Address of Current Registered Agent: Name and Address of New Register  BARNETTE, BARBARA 13564 FALCON PANTE DR ORLANDO, FL 32837 US  The above named entity submits this statement for the purpose of changing its registered office or registrin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICER  Title: D ( ) Delete Title: ( ) Change ( ) Address of New Registered Agent  Additional Contribution ( ).				2707	
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Name and Address of Current Registered Agent:  BARNETTE, BARBARA 13564 FALCON PANTE DR ORLANDO, FL 32837 US  The above named entity submits this statement for the purpose of changing its registered office or registrent the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICER  Title:  D () Change () Address of New Register Registered Agent  Title:  D () Change () Address of New Register Registered Agent  Title: Name:  Name and Address of New Register Registered Re				2707	
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Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICER  Title:	ered agent, or both,	ed office or registered a	urpose of changing its registe	y submits this statement for the p	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICER  Fitle:  D () Delete Title: Name: WINDSOR, WILLIAM Name:					GNATURE:
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICER  Title: D () Delete Title: () Change () Add Name: WINDSOR, WILLIAM Name:		Date	nt	onic Signature of Registered Age	Electro
Title: D ( ) Delete Title: ( ) Change ( ) Add Name: WINDSOR, WILLIAM Name:				ng Trust Fund Contribution ( ).	ection Campaign Financir
Name: WINDSOR, WILLIAM Name:	RS AND DIRECTOR	SES TO OFFICERS AN	ADDITIONS/CHAN	CTORS:	FFICERS AND DIREC
City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip:			Title:	) Delete	
Fitle: VP ( ) Delete Title: ( ) Change ( ) Add Name: TIERNEY, PATRICK K Name: Address: 1731 KALEYWOOD CT Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip:	dition	() Change () Addition	Name: Address:	RD	me: WINDSOR, W dress: 295 ANCHOR
Title: S ( ) Delete Title: ( ) Change ( ) Add Name: NEAL, WILLIAM SCOTT Name:		( ) Change ( ) Addition	Name: Address: City-St-Zip: Title: Name: Address:	RD RY, FL 32707  ) Delete TRICK K WOOD CT	me: WINDSOR, W dress: 295 ANCHOR y-St-Zip: CASSELBERF le: VP ( me: TIERNEY, PAT dress: 1731 KALEYW
Address: 8401 RIVERBRANCH PL Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip:	dition	· · · · · · · · · · · · · · · · · · ·	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	RD RY, FL 32707  ) Delete TRICK K WOOD CT L 32806  ) Delete AM SCOTT BRANCH PL	me: WINDSOR, W dress: 295 ANCHOR y-St-Zip: CASSELBERR le: VP ( me: TIERNEY, PAT dress: 1731 KALEYW y-St-Zip: ORLANDO, FL le: S ( me: NEAL, WILLIA dress: 8401 RIVERBI

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: WILLIAM WINDSOR D 02/24/2006