

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90043 011 \*\*\*150.00

<b>DOCUMENT # F05000005233</b> 1. Entity Name <b>GMC GROUP OF NEVADA INC.</b>					
Principal Place of Business <b>573 SIENNA DR. KISSIMMEE, FL 34759</b>				Mailing Address <b>573 SIENNA DR. KISSIMMEE, FL 34759</b>	
2. Principal Place of Business <b>28 BROADWAY, SUITE #213</b> Suite, Apt. #, etc. <b>Kissimmee FL</b> City & State		3. Mailing Address <b>28 BROADWAY</b> Suite, Apt. #, etc. <b>SUITE #213</b> City & State <b>Kissimmee FL</b>			
Zip <b>34741</b>		Country <b>OSCEOLA</b>		4. FEI Number <b>16-1730147</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MMCKAMEY, FAUSTINO</b> <b>573 SIENNA DR.</b> <b>KISSIMMEE, FL 34759</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>FAUSTINO S. MCKAMEY</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/11/06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPDS MCKAMEY, FAUSTINO 573 SIENNA DR. KISSIMMEE, FL 34759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCKAMEY, FAUSTINO 573 SIENNA DR. KISSIMMEE, FL 34759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u>FAUSTINO S. MCKAMEY</u> DATE <u>2/11/06</u> DAYTIME PHONE # <u>407 470-3635</u>					