2008 FOR PROFIT CORPORATION. ANNUAL REPORT

DOCUMENT # F05000006195

1. Entity Name

GREAT WEST VAN CONVERSIONS INC.



FILED Feb 07, 2008 08:00 A Secretary of State

Principal Place of Business

329 PARKDALE RD.

ST. ANDREWS, MANITOBA CANADA

R1A3N9, XX

Mailing Address

329 PARKDALE RD.

ST. ANDREWS, MANITOBA CANADA

R1A3N9

^



DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired Sequired Sequired

6. Name and Address of Current Registered Agent

PICKETT, JAMES H 12081 144TH ST N LARGO, FL 33774 DO NOT WRITE IN THIS SPACE

					n de geregere de la Merchanische Geregere Georgie der Geregere
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 Signature, typed or printed name of registated agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		pie las plus reingues	ार्ट सम्बद्धः । अस्तरः कृत्यक्तरः स्टब्सः । इति
10. 4)	OFFICERS AND DIREC	TORS	建设建设设置的	种的环己类的环境	CARPORT FROM THE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEURTS, MARTIN H 5387 HWY #9, ST. ANDREWS, MANIT CANADA,	OBA R1A 2W6			
TITLE NAME STREET ADDRESS CITY-ST-Z:P					19430 1082-013-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC) NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPA	NOE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31/08 204-338-9303
Date Dayline Prone 8