FILED
Jan 29, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000005073

1. Entity Name
GILL GROUP, INC.

Principal Place of Business	Mailing Address
2128 ESPEY COURT CROFTON, MD 21114	2128 ESPEY COURT CROFTON, MD 21114

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1546426
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MALONEY, BRIAN
10949 LAKE GARY ROAD
CLERMONT, FL 34714

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000607367
01/31/07-80036-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIMSZA, KIMBERLEY G
STREET ADDRESS	1904 WEST PARKSIDE LANE, SUITE 100
CITY-ST-ZIP	PHOENIX, AZ 85020
TITLE	VCHR
NAME	GILL, LAURA
STREET ADDRESS	2128 ESPEY COURT
CITY-ST-ZIP	CROFTON, MD 21114
TITLE	STD
NAME	RIMSZA, ANTON
STREET ADDRESS	1904 WEST PARKSIDE LANE SUITE 100
CITY-ST-ZIP	PHOENIX, AZ 85020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 11/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #