## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

" AMENDED ANNUAL REPORT										
DOCUMENT # F06000005073  1. Entity Name GILL GROUP, INC.							F 07 SEP	TLED 21 AM	ነበ፡ ፲៩	
Principal Place of Business 2128 ESPEY COURT CROFTON, MD 21114		Mailing Address 2128 ESPEY COURT CROFTON, MD 21114					SLUMETA FALLAMA	smi OF SSEE, F	STATE LORIDA	1 <b>38</b> 1 JI <b>583</b> 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0906		Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number 52-1546426		20 61-153	3-5514	No	plied For t Applicable
Zip Country		Zip Cour		5. Certificate of Status De				Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Nar	ne and Ad	idress of New I	Registered	Agent	
MALONEY, BRIAN 10949 LAKE GARY ROAD CLERMONT, FL 34714			,		ddress (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code	e
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.										
and designations of registered agent.										
SIGNATURE						ating)		DATE		<del></del>
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS	11.		ADDI	TIONS/CH	IANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIMSZA, KIMBERLEY G 1904 WEST PARKSIDE LANE, S PHOENIX, AZ 85020	☐ Delete		E ET ADDRESS	5027			-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR GILL, LAURA 2128 ESPEY COURT CROFTON, MD 21114	☐ Delete		4	0	500 9/28/0	0 <b>i 10</b> 0 7701057	0 <b>52</b> 5 007	☑ Change 55 **70.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete		E					☐ Change	Addition

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:

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