

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002967

Entity Name: GILL GROUP, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1904 W. PARKSIDE LANE #100
PHOENIX, AZ 85027

New Principal Place of Business:

Current Mailing Address:

1904 W. PARKSIDE LANE #100
PHOENIX, AZ 85027

New Mailing Address:

FEI Number: 61-1535576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIMSZA, KIMBERLEY G
Address: 1904 W. PARKSIDE LANE #100
City-St-Zip: PHOENIX, AZ 85027

Title: V () Delete
Name: JACOBSEN, LAURA G
Address: 2128 ESPEY COURT
City-St-Zip: CROFTON, MD 21114

Title: ST () Delete
Name: WHITE, KATY
Address: 1904 W. PARKSIDE LANE #100
City-St-Zip: PHOENIX, AZ 85027

Title: AS () Delete
Name: COURTON, GEORGE
Address: 505 COLLINS STREET
City-St-Zip: SOUTH ATTLEBORO, MA 02703

Title: D () Delete
Name: HYMAN, JERALD
Address: 25 TIMBERLAND DRIVE
City-St-Zip: LINCOLN, RI 02865

Title: D () Delete
Name: PALUMBO, KEITH
Address: 19 GREYLOCK ROAD
City-St-Zip: WEST NEWTON, MA 02465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLEY RIMSZA

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date