2008 FOR PROFIT CORPORATION

FILED Jan 24, 2008 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT #F27664 1. Entity Name G & M OF KISSIMMEE, INC. Principal Place of Business Mailing Address 301 WEST VINE STREET 2314 LONGMOORE CT KISSIMMEE, FL 34741-4433 ORLANDO, FL 32835 No Chg-P CR2E034 (11/05) 01222008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2110681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DECURTIS, DAVID DO NOT WRITE 2314 LONGMOORE CT ORLANDO, FL 32835 IN THIS SPACE 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 U00000732826 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/25/00 8ÖÖ2S-013 150.**0**0 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE DECURTIS, DAVID NAME STREET ADDRESS 2314 LONGMOORE CT CITY-ST-ZIP ORLANDO, FL 32835 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attacl et with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR