

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90035 039 ***150.00

DOCUMENT # F96000005016					
1. Entity Name GROUP PURCHASING SYSTEMS, INC.					
Principal Place of Business 3350 NW BOCA RATON BLVD. SUITE B-18 BOCA RATON, FL 33431			Mailing Address 3350 NW BOCA RATON BLVD. SUITE B-18 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 6925 Balboa Island Ct.		3. Mailing Address 6925 Balboa Island Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 65-0372231	
Zip 33446		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNET, TODD 3350 NW BOCA RATON BLVD. SUITE B18 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: Wanda Zwiebel Street Address (P.O. Box Number is Not Acceptable): 6925 Balboa Island Court City: Delray Beach FL Zip Code: 33446		
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: <u>Wanda Zwiebel</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/8/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZWIEBEL, WANDA T <input type="checkbox"/> Delete 6925 BALBOA ISLAND CT DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, TODD <input checked="" type="checkbox"/> Delete 5519 LAKE TERN COURT COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 38 Briargate Circle Sugar Grove, IL 60554	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Wanda Zwiebel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/8/08 561 865 2750</u> <small>Date Daytime Phone #</small>		