



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000003185 1. Entity Name GPD TELECOM, INC.	
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Principal Place of Business 520 S. MAIN ST., STE. 2531 AKRON, OH 44311	Mailing Address 520 S. MAIN ST., STE. 2531 AKRON, OH 44311
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1833912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000919766
 05/14/08-80015-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHIVES, JAMES R 104 E. MOHAWK DR MALVERN, OH 44644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAMER, BRADLEY D 1571 CARRIAGE HOUSE DR SUFFIELD, OH 44260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, JEFFREY 237 N RIVER RD MUNROE FALLS, OH 44262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODS, JEFFREY T 3165 RICE RD. CUYAHOGA FALLS, OH 44223
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:  4/21/08 330 572-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **James R. Shives, Treasurer** Daytime Phone #