


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90022 035 ***150.00

DOCUMENT # J26576
 1. Entity Name
 GPI PROPERTIES, INC.



Principal Place of Business
 2300 SILVER STAR RD
 ORLANDO, FL 32804 US

Mailing Address
 2300 SILVER STAR RD
 ORLANDO, FL 32804 US

DO NOT WRITE IN THIS SPACE

20006930



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2717836	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

SHUTTS, BRIAN L
 2300 SILVER STAR RD
 ORLANDO, FL 32804

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUTTS, BRIAN L 2300 SILVER STAR RD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLERTON, TOD H 2300 SILVER STAR RD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRACHTER, RANDALL S 2300 SILVER STAR RD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Brian Shutts, President Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR