2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 08:00 AM Secretary of State DOCUMENT # J27970 1. Entity Name G H D, INC. Principal Place of Business Mailing Address 555 SEABREEZE BLVD. 555 SEABREEZE BLVD. DAYTONA BCH. FL 32118 DAYTONA BCH. FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2717471 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKIN, MARSHALL H. Street Address (P.O. Box Number is Not Acceptable) 149-P SOUTH RIDGWOOD AVE **STE 170** DAYTONA BEACH FL 32115 City Zip Code 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 Signature, typed or crisited name of registered agent and the if applicable. (NOTE: Registered Apent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Defete TITLE Addition NAME GEORGAS, DIMITRIOS NAME STREET ADDRESS 339 BUCKNELL DR. STREET ADDRESS CITY-ST-ZIF DAYTONA BCH. FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME DRYMONIS, KYRIAKOS E HAME U00000829366 STREET ADDRESS 12 QUEENSGATE CT STREET ADDRESS 02/26/08-80038-020 150.00 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE ☐ Delete IME Change Addition NAME DRYMONIS, PANAGIOTIS E STREET ADDRESS STREET ADDRESS 12 QUEENSGATE CT. CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ☐ Addition GEORGAS, ANTHONY NAME 339 BUCKNELL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP TITLE Delete TITEE Change Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal 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:

FILED