2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27970

Entity Name: G H D, INC.

Name:

Address:

City-St-Zip:

339 BUCKNELL DR.

DAYTONA BEACH, FL 32118

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 555 SEABREEZE BLVD DAYTONA BCH., FL 32118 **Current Mailing Address: New Mailing Address:** 555 SEABREEZE BLVD DAYTONA BCH., FL 32118 FEI Number: 59-2717471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKIN, MARSHALL H DRYMONIS, KYRIAKOS 149-P SOUTH RIDGWOOD AVE 555 SEABREEZE BLVD STE 170 DAYTONA BEACH, FL 32118 US DAYTONA BEACH, FL 32115 US 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. SIGNATURE: KYRIAKOS DRYMONIS 04/10/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GEORGAS, DIMITRIOS Name: Name: 339 BUCKNELL DR. Address: Address: City-St-Zip: DAYTONA BCH., FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: DRYMONIS, KYRIAKOS E Name: 12 QUEENSGATE CT Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DRYMONIS, PANAGIOTIS E Name: Name: 12 OUEFNSGATE CT Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition GEORGAS, ANTHONY

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KYRIAKOS DRYMONIS ٧ 04/10/2009