



FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # K77482		Secretary of State	
1. Entity Name GAMMA HIGH VOLTAGE RESEARCH, INC.			
Principal Place of Business 1096 NORTH U.S. HIGHWAY #1 ORMOND BEACH, FL 32174		Mailing Address 1096 NORTH U.S. HIGHWAY #1 ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE			
		01292008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2942658	
		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 MARESCO, HONORA M 13 COTTON CT SUITE B PALM COAST, FL 32137		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
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		DO NOT WRITE IN THIS SPACE U000000009788 02/08/08-86035-017 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARESCO, HONORA M. 13 COTTON CT. PALM COAST, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GALLUZZO, DOMINICK 76 SHADOW CREEK WAY ORMOND BCH, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <i>Honora M. Maresco</i> Honora M. Maresco		Date 1/30/08 Daytime Phone # 386-677-7070	