


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K77482
 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 **\$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 _____ (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**

10. OFFICERS AND DIRECTORS

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
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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: *Honora M. Maresco* **Honora M. Maresco** **1/30/08** **386-677-7070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #