

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2006  
Secretary of State**

DOCUMENT# N20418

Entity Name: THE GTR FOUNDATION, INC.

**Current Principal Place of Business:**

520 HARBOR GATE WAY  
LONGBOAT KEY, FL 34228 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 HARBOR GATE WAY  
LONGBOAT KEY, FL 34228 US

**New Mailing Address:**

FEI Number: 59-2798067      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ONEIL, WILLIAM III  
520 HARBOR GATE WAY  
LONGBOAT, FL 34228 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ONEIL, WILLIAM  
Address: 520 HARBOR GATE WAY  
City-St-Zip: LONGBBOAT KEY, FL 34228

Title: D ( ) Delete  
Name: ONEIL, BECKY  
Address: 520 HARBOR GATE WAY  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete  
Name: ONEIL, BILL  
Address: 664 RIDGEWOOD RD  
City-St-Zip: KEY BISCAZYNE, FL 33149

Title: D ( ) Delete  
Name: ONEIL, GRETCHEN  
Address: 8336 WHEATSTONE LANE  
City-St-Zip: RALEIGH, NC 27613

Title: D ( ) Delete  
Name: MATOS, KIRSTEN  
Address: 1780 WAKEENA  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: ONEIL, PAUL  
Address: 8221 YARDLEY AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ONEIL

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date