

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000109

FILED
Jan 25, 2008
Secretary of State

Entity Name: GKTW, INC.

Current Principal Place of Business:

210 SOUTH BASS ROAD
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

210 SOUTH BASS ROAD
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 59-3327385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDWIRTH, PAMELA M
210 S BASS SROAD
KISSIMMEE, FL 34746 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: LANDWIRTH, HENRI MR
Address: 210 SOUTH BASS ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: P () Delete
Name: LANDWIRTH, PAMELA MS
Address: 210 SOUTH BASS ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete
Name: CASSARA, MICHAEL D MR
Address: 5678 IRLO BENSON HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: FRANTZ, RICHARD MR
Address: 146 WEXFORD COURT
City-St-Zip: STOCKBRIDGE, GA 30281

Title: C () Delete
Name: SHORT, MICHAEL MR
Address: 110 S.E. 6TH. STREET, 29TH. FL
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: KLASS, STEVE MR
Address: 7606 TARPON COVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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
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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 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: THOMAS LEVESQUE

CFO

01/25/2008

Electronic Signature of Signing Officer or Director

Date