

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000047835**

1. Entity Name  
**GAMMASYS SOLUTIONS INC.**



Principal Place of Business  
**2887 ROLLINGWOOD COURT  
CLEARWATER, FL 33761**

Mailing Address  
**PO BOX 15457  
CLEARWATER, FL 33766-5457**



04052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3645736</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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  
BARKER, LARRY  
2887 ROLLINGWOOD COURT  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DOWNEY, WILLIAM  
2887 ROLLINGWOOD COURT  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BARKER, ROSE R  
2887 ROLLINGWOOD COURT  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
DOWNEY, LAURIE B  
2887 ROLLINGWOOD COURT  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000886281  
04/18/08-80049-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** LARRY BARKER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/2008  
Date

Daytime Phone # \_\_\_\_\_