

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90056 022 \*\*\*150.00

<b>DOCUMENT # P01000086128</b> 1. Entity Name <b>GMPG INC</b>			
Principal Place of Business <b>4431 BANNEKA STREET ORLANDO, FL 32811</b>		Mailing Address <b>3210 KENELWORTH DR #27 ATLANTA, GA 30344</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>3234 Desert Circle</b> Suite, Apt. #, etc. <b>19</b> City & State <b>East Point GA</b> Zip <b>30344</b> Country <b>USA</b>	
		05282007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>59-3742483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAGEE, ANINA S 4431 BANNEKA STREET ORLANDO, FL 32811</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE <b>5/28/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAGEE, MUNEERAH S	NAME	
STREET ADDRESS	4431 BANNEKA ST	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32811	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAGEE, ANJAIL A	NAME	
STREET ADDRESS	4431 BANNEKA ST	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32811	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAGEE, MIKAL S	NAME	
STREET ADDRESS	4431 BANNEKA ST	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32811	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAGEE, KHADIJJAH A	NAME	
STREET ADDRESS	4431 BANNEKA ST	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32811	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAGEE, ALI R	NAME	
STREET ADDRESS	4431 BANNEKA ST	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32811	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAGEE, ZAKIYYAH T	NAME	
STREET ADDRESS	4431 BANNEKA ST	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32814	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: <b>owner</b> DATE <b>5/28/07</b> (404) 396 7363 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			