## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2006 8:00 am Secretary of State **DOCUMENT # P01000096505** 01-23-2006 90098 044 \*\*\*150 00 1. Entity Name GGK HOLDINGS, INC. Principal Place of Business Mailing Address 1423 SANDPIPER LN 1423 SANDPIPER LN 60005607 LANTANA, FL 33462 LANTANA, FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1145754 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pilato GRAHAM, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR., STE. 703 WEST PALM BEACH, FL 33401 Zip Code 33426 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. Michael (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST TITLE TITLE ☐ Delete ☐ Change ☐ Addition KAPO, GREGORY G NAME NAME 346 CASCADE LANE STREET ADDRESS STREET ADDRESS PALM BEACH SHORES, FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition KAPO, GREGORY G NAME NAME STREET ADDRESS 346 CASCADE LANE STREET ADDRESS CITY-\$T-ZIP PALM BEACH SHORES, FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fustee 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 an other like empowered.

GLLOH

SIGNATURE:

FILED