

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000023272
1. Entity Name
GMP RETIREMENT STRATEGIES, INC.



Principal Place of Business
**9581 N.W. 18TH DRIVE
PLANTATION, FL 33322**

Mailing Address
**9581 N.W. 18TH DRIVE
PLANTATION, FL 33322**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0004255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PREACHER, GEORGE H
9581 NW 18 DRIVE
FORT LAUDERDALE, FL 33322**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD PREACHER, GEORGE H 9581 N.W. 18TH DRIVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVTD PREACHER, MARIETTA 9581 N.W. 18TH DRIVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

UNRECORDED
01/31/05-8:053-016 1:50:01

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Marietta Preacher* **Preacher** **1-25-05** **954-829-9099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #