

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049291

Entity Name: GMD HOLDINGS INC.

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

DBA INTERIORS BY DECORATING DEN
3415 NE 12TH TERRACE
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

GMD HOLDINGS
1623 NE 5TH STREET
FORT LAUDERDALE, FL 33301

Current Mailing Address:

1623 NE 5TH ST.
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 01-0683855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, GARY T
1623 NE 5TH STREET
FT LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, MICHELE
Address: 1623 NE 5TH ST.
City-St-Zip: FT LAUDERDALE, FL 33301

Title: TS () Delete
Name: DAVIS, GARY
Address: 1623 NE 5TH ST.
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY T DAVIS

TS

04/26/2008

Electronic Signature of Signing Officer or Director

_____ Date