2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 26, 2007 08:00 A Secretary of State **DOCUMENT # P02000066003** G.D.R. SERVICES, INC. Principal Place of Business Mailing Address 1199 NORTHWEST FORK ROAD 1199 NORTHWEST FORK ROAD STUART, FL 34994 STUART, FL 34994 03192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1043249 Not Apolicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RINIER, GUY DO NOT WRITE 1199 NW FORK ROAD **STUART, FL 34994** IN THIS SPACE 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or project name of registered agent and the Happinson of (NOTE, Registered Agos) an obline regulard whos robistating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS **PSTD** TITLE NAME RINIER, GUY STREET ADDRESS 1199 NORTHWEST FORK ROAD CITY-ST-ZIP STUART, FL 34994 U00000678537 n4/n3/67-80002-009 150.00 TITLE KAME STREET ADDRESS CITY - ST - 7IP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

TITLE KAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST- ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROTES NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #