

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90041 030 ***158.75

DOCUMENT # P02000070001

1. Entity Name
GDM LNY, INC.



Principal Place of Business
C/O AMERICAN MORTGAGE BROKER
3825 HENDERSON BLVD STE 400E
TAMPA, FL 33629

Mailing Address
PO BOX 8041
MADEIRA BEACH, FL 33738

40000



2. Principal Place of Business
America's Mortgage Broker

3. Mailing Address
C/O America's Mortgage Broker

Suite, Apt. #, etc.
3825 Henderson Blvd #400

Suite, Apt. #, etc.
3825 Henderson Blvd #400

02092006 Chg-P CR2E034 (11/05)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
03-0482149

Applied For
Not Applicable

Zip
33629

Country
USA

Zip
33629

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, DONALD F
1471 COASTAL PLACE
DUNEDIN, FL 34628

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Robert Scarpetta

2-9-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCARPETTA, ROBERT ☒ Delete
STREET ADDRESS 11117 KAPOK GRAND CIR.
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE P
NAME SCARPETTA, ROBERT ☒ Delete
STREET ADDRESS 385 WINGATE CIR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCARPETTA, ROBERT ☒ Change ☐ Addition
STREET ADDRESS 385 WINGATE CIR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Scarpetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-06 727 422 7109

Date

Daytime Phone #