


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123207						<p>FILED</p> <p>04 APR 30 PM 4:23</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
1. Entity Name GDS GROUP, INC.				Principal Place of Business 1045 MERRITT DRIVE TALLAHASSEE, FL 32301				Mailing Address 1045 MERRITT DRIVE TALLAHASSEE, FL 32301	
2. Principal Place of Business 2150 Old St. Augustine Rd Suite, Apt. #, etc. N 145 City & State Tallahassee, FL Zip 32301		3. Mailing Address 2150 Old St. Augustine Rd Suite, Apt. #, etc. N 145 City & State Tallahassee, FL Zip 32301		04292004 Chg-P CR2E034 (10/03)		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1045 MERRITT DRIVE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name: <u>Brendan G. Slattery</u> Street Address (P.O. Box Number is Not Acceptable): 2150 Old St. Augustine Rd N 145 City: <u>Tallahassee</u> <u>FL</u> Zip Code: <u>32301</u>					
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: <u>Brendan G. Slattery</u> DATE: <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST <input checked="" type="checkbox"/> Delete SOSNOWSKI, MARIUS Z 3600 CRYSTAL COP DR. LAS VEGAS, NV 89117				TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARTI LÄFFER D'CASAGIOVE c/o 38, I-55044 Marina di Pietra Santa Tuscany, Italy			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	000035821780 05/10/04--01078--018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Harti Laffer D'Casagiove</u> Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									