## 2006 FOR PROFIT CORPORATION

## Jan 13, 2006 08:00-AM Secretary of State ANNUAL REPORT DOCUMENT # P02000124794 1. Entity Name GVM GROUP, INC. Principal Place of Business Mailing Address 1151 GLADSTONE BLVD. 1151 GLADSTONE BLVD. ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 CR2E034 (11/05) 01052006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3071382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORAVILLA, ROBERT DO NOT WRITE 1151 GLADSTONE BLVD. ENGLEWOOD, FL 34223 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, Flogistered Agent signature regulted when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSD** TITLE SORAVILLA, ROBERT NAME STREET ADDRESS 1151 GLADSTONE BLVD. CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP ПЛЕ NAME STREET ADDRESS CITY-\$T-ZIP

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:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SORAVILLA

FILED