2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037375

Entity Name: GAM DEVELOPMENT COMPANY

FILED Mar 20, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
1730 KINGSLEY AVE. SUITE C ORANGE PARK, FL 32073							
Current Mailing Address:				New Mailing Address:			
PO BOX 1527 ORANGE PARK, FL 32067							
FEI Number:	16-1660060	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PETERSEN, CALVIN D 1730 KINGSLEY AVE. STE. C ORANGE PARK, FL 32073 US				JOHN, JOHN M 1730 KINGSLEY AVE. STE. C ORANGE PARK, FL 32073 US			
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: JOHN M. WORSOWICZ				03/20/2006			
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MILLER, GARY 2361 BRIDGETT			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P () PETERSEN, CA 505 SALT TIDE SAINT AUGUSTI	WAY		Title: Name: Address: City-St-Zip:	P WORSOWIG 4127 TORIN JACKSONVI		
Title: Name: Address: City-St-Zip:	VPS () PETERSEN, DA 1777 LONG SLO ORANGE PARK	DUGH WALK		Title: Name: Address: City-St-Zip:		(X) Change () Addition , DAVID S SLOUGH WALK ARK, FL 32003	
Title: Name: Address: City-St-Zip:	T () WORSOWICZ, 4 4127 TORINO P JACKSONVILLE	L		Title: Name: Address: City-St-Zip:	1268 PIRAT	(X) Change () Addition CHARLES B ES COVE LN ILLE, FL 32244	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition IET S WOOD FOREST DRIVE ARK, FL 32003	

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES B. LAUGHLIN T 03/20/2006