2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145028

Entity Name: GP PROCESSING, INC.

FILED Jan 09, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PADILHA, MARIA GABRIELA

CORAL SPRINGS, FL 33076 US

CORAL SPRINGS, FL 33076 US

5038 NW 119 TERRACE

5038 NW 119 TERRACE

PADILHA, VINICIUS

(X) Change () Addition

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

5352 NW 126 DRIVE 5038 NW 119 TERRACE

CORAL SPRINGS, FL 33076 US CORAL SPRINGS, FL 33076 US

Current Mailing Address: New Mailing Address:

5352 NW 126 DRIVE 5038 NW 119 TERRACE

CORAL SPRINGS, FL 33076 US CORAL SPRINGS, FL 33076 US

FEI Number: 20-0879344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PADILHA, MARIA GABRIELA OLIVEIRA, JOANA

367 NW 46 STREET 5038 NW 119 TERRACE POMPANO BEACH, FL 33064 US CORAL SPRINGS, FL 33076 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: JOANA OLIVEIRA 01/09/2007

Electronic Signature of Registered Agent Date

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 PADILHA, MARIA GABRIELA

 Address:
 5352 NW 126 DRIVE

City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VP () Delete
Name: PADILHA, VINICIUS
Address: 5352 NW 126 DRIVE

City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 OLIVEIRA, JÓÁNA

 Address:
 Address:
 5038 NW 119 TERRACE

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33076 US

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: JOANA OLIVEIRA D 01/09/2007