

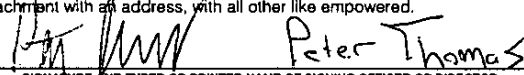


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90139 002 \*\*\*150.00

<b>DOCUMENT # P04000027118</b> 1. Entity Name <b>GT SYSTEMS, INC.</b>					
Principal Place of Business <b>5722 SW 1ST COURT CAPE CORAL, FL 33914 US</b>			Mailing Address <b>5722 SW 1ST COURT CAPE CORAL, FL 33914 US</b>		
2. Principal Place of Business <b>619 Pondella Rd.</b>		3. Mailing Address <b>619 Pondella Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>N. Ft. Myers, FL</b>		City & State <b>N. Ft. Myers, FL</b>			
Zip <b>33903</b>	Country	Zip <b>33903</b>	Country	4. FEI Number <b>20-0713689</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAETER, ERIC B 5722 SW 1ST COURT CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS GRAETER, ERIC B 5722 SW 1ST COURT CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT THOMAS, PETER M 726 SW 5TH TERRACE CAPE CORAL, FL 33991</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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:  <b>Peter Thomas</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/21/05</b>		Daytime Phone # <b>239-549-5344</b>