

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90033 036 ***150.00

DOCUMENT # P04000052704					
1. Entity Name GPS TECH, INC.					
Principal Place of Business 13 S. CALHOUN ST. QUINCY, FL 32351			Mailing Address 13 S. CALHOUN ST. QUINCY, FL 32351		
2. Principal Place of Business <i>13 S. Calhoun St.</i>		3. Mailing Address <i>13 S. Calhoun St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Quincy, FL</i>		City & State <i>Quincy, FL</i>			
Zip <i>32351</i>		Zip <i>32351</i>			
Country <i>USA</i>		Country <i>USA</i>		4. FEI Number <i>20-0921381</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRANAKOS, ARTHUR P 11 S. CALHOUN ST. QUINCY, FL 32351			7. Name and Address of New Registered Agent Name <i>Thomas A. Bowdoin</i> Street Address (P.O. Box Number is Not Acceptable) <i>11 S. Calhoun St.</i> City <i>Quincy</i> FL Zip Code <i>32351</i>		
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 <i>Thomas A. Bowdoin</i> DATE <i>5/19/05</i> <small>Signature, typed or printed name of registered agent; and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BOWDOIN, THOMAS A STREET ADDRESS 326 DEERWOOD CIRCLE CITY-ST-ZIP QUINCY, FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Thomas A. Bowdoin, Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>5/19/05</i> DAYTIME PHONE # <i>850-627-2206</i>		