

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

04-17-2007 90054 047 ***150.00
08-27-2007 90034 028 ***400.00

DOCUMENT # P04000058163	
1. Entity Name GT AMERICA, INC.	



Principal Place of Business 6620 DANIELS ROAD NAPLES, FL 34109 US	Mailing Address 6620 DANIELS ROAD NAPLES, FL 34109 US
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2. Principal Place of Business - No P.O. Box # 766 17th Avenue South	3. Mailing Address 766 17th Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, Florida	City & State Naples, Florida
Zip 34102	Country U.S.A.

07312007 Chg-P CR2E034 (12/06)



4. FEI Number 20-4486936	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, KEVIN J MR. 6620 DANIELS ROAD NAPLES, FL 34109	
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7. Name and Address of New Registered Agent Name Michael J. Volpe, Esquire Street Address (P.O. Box Number is Not Acceptable) Robins, Kaplan, Miller & Ciresi, LLP 711 Fifth Avenue South, Suite 201 City Naples FL Zip Code 34102	
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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 Michael J. Volpe DATE 7.31.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D THOMAS, KEVIN J MR. 6620 DANIELS ROAD NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D THOMAS, KEVIN J. MR 766 17TH AVENUE SOUTH NAPLES, FLORIDA 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE 8/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR