2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2006 08:00 AM Secretary of State DOCUMENT # P04000058606 1. Entity Name GMPCO, INC. Principal Place of Business Mailing Address 1977 FAIRVIEW DRIVE 1977 FAIRVIEW DRIVE ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 02162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1616164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, GERALD M DO NOT WRITE 1977 FAIRVIEW DRIVE ENGLEWOOD, FL 34223 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) DATE 03/08/06-80033-019 150.00 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PHILLIPS, GERALD M 1977 FAIRVIEW DRIVE STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE MAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CATY-ST-702 IN THIS SPACE TETE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 "changed, or or an attachment with an address, with all other like impowered."

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED