2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P05000003425

Entity Name: G & GM ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

1655 E. SEMORAN BLVD.
18
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1655 E. SEMORAN BLVD.
SUITE 18
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-2163669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, DANIEL I
1655 E. SEMORAN BLVD
SUITE 18
APOPKA, FL, FL 32703 US

Name and Address of New Registered Agent:

MASTRAPA, EVELYN E
1655 E. SEMORAN BLVD
SUITE 18
APOPKA, FL, FL 32703 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: EVELYN MASTRAPA 04/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GONZALEZ, DANIEL I
Address: 1655 E. SEMORAN BLVD, SUITE 18
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete
Name: GARCIA-MASTRAPA, EVELYN E
Address: 1655 E. SEMORAN BLVD, SUITE 18
City-St-Zip: APOPKA, FL 32703

Title: T (X) Delete
Name: GARCIA-MASTRAPA, EVELYN E
Address: 1655 E. SEMORAN BLVD, SUITE 18
City-St-Zip: APOPKA, FL 32703

Title: S (X) Delete
Name: GONZALEZ, ANAIS
Address: 1655 E. SEMORAN BLVD, SUITE18
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: GARCIA-MASTRAPA, EVELYN E
Address: 1655 E. SEMORAN BLVD, SUITE 18
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN MASTRAPA VP 04/21/2008
Electronic Signature of Signing Officer or Director Date