

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000038449 1. Entity Name GDRI, INC.			
Principal Place of Business 1210 SWEET GUM CIR STEINHATCHEE, FL 32359		Mailing Address 1210 SWEET GUM CIR STEINHATCHEE, FL 32359	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 350 N.E. 101 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI SHORES, FL.	
Zip	Country	Zip 33138	Country
4. FEI Number 25-1916086		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCTOR, PATRICIA R 1210 SWEET GUM CIR STEINHATCHEE, FL 32359		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 350 N.E. 101 Street City MIAMI SHORES FL Zip Code 33138	
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	DST PROCTOR, PATRICIA R 350 NE 101 ST MIAMI SHORES, FL 33138	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500103614395 05/31/07--01038--010 **158.75
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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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: Patricia R. Proctor		Date: May 9-07-305-756-0309	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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