

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119093

Entity Name: GBN PRODUCTS, INC.

FILED
Sep 12, 2007
Secretary of State

Current Principal Place of Business:

5004 E. FOWLER AVE., C-133
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

5004 E. FOWLER AVE., C-133
TEMPLE TERRACE, FL 33617 US

Current Mailing Address:

5004 E. FOWLER AVE., C-133
TEMPLE TERRACE, FL 33617

New Mailing Address:

5004 E. FOWLER AVE., C-133
TEMPLE TERRACE, FL 33617 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALMONTE, GINA
5004 E. FOWLER AVE., C-133
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALMONTE, GINA
Address: 5004 E. FOWLER AVE., C-133
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALMONTE, GINA M
Address: 5004 E. FOWLER AVE., C-133
City-St-Zip: TEMPLE TERRACE, FL 33617

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: GINA M. ALMONTE

MS.

09/12/2007

Electronic Signature of Signing Officer or Director

Date