

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-11-2008 90058 037 ***150.00
P07000001605

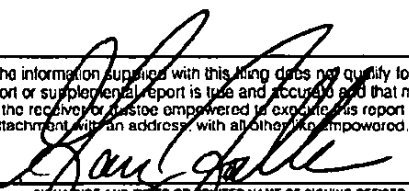
FILED

08 JUN 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000001605			
1. Entity Name G-FORCE POWERSPORTS INC.			
Principal Place of Business 821 NORTH MILITARY TRAIL BLD. B WEST PALM BEACH, FL 33415 US		Mailing Address 821 NORTH MILITARY TRAIL BLD. B WEST PALM BEACH, FL 33415 US	
2. Principal Place of Business - No P.O. Box # 17586 32nd LNN.		3. Mailing Address 17586 32nd LNN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LOXAHATCHEE, FL		City & State LOXAHATCHEE, FL	
Zip 33470	Country	Zip 33470	Country USA
4. FEI Number 20-8150918		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FALLON, GARY 17586 32ND LANE NORTH LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE V.ATREAS	☐ Change ☐ Addition
NAME FALLON, GARY		NAME MICHAEL FALLON	☐ Change ☒ Addition
STREET ADDRESS 17586 32ND LANE NORTH		STREET ADDRESS 3071 NW 64TH AVENUE	
CITY-ST-ZIP LOXAHATCHEE, FL 33470		CITY-ST-ZIP SUNRISE, FL 33313	
TITLE VP	☒ Delete	TITLE	☐ Change ☐ Addition
NAME LOVETRO, AMIE		NAME	
STREET ADDRESS 17586 32ND LANE NORTH		STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE, FL 33470		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 4-8-08 Daytime Phone #: 561-676-1535	