

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028202

Entity Name: GMAX DESIGN, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

4785 MERCANTILE AVE #1
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

281 MEL JEN DRIVE
NAPLES, FL 34105 US

New Mailing Address:

4785 MERCANTILE AVE #1
NAPLES, FL 34104 US

FEI Number: 26-2210110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, GAIL P
281 MEL JEN DRIVE
NAPLES, FL 34105 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: P () Delete
Name: MAXWELL, GAIL P
Address: 281 MEL JEN DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: VP () Delete
Name: MAXWELL, DONALD
Address: 281 MEL JEN DRIVE
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: MAXWELL, DOUGLAS E
Address: 431-31ST STREET NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GAIL P MAXWELL

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date