

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047042

FILED
Apr 20, 2009
Secretary of State

Entity Name: G.C.S. ENTERPRISE VENTURES, INC.

Current Principal Place of Business:

8855 SW BRIDGE RD
HOBE SOUND, FL 33455 US

New Principal Place of Business:

8855 SE BRIDGE RD
HOBE SOUND, FL 33455 US

Current Mailing Address:

8855 SW BRIDGE RD
HOBE SOUND, FL 33455 US

New Mailing Address:

8855 SE BRIDGE RD
HOBE SOUND, FL 33455 US

FEI Number: 26-2659276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMART, GARY O
8855 SW BRIDGE RD
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

SMART, GARY O
8855 SE BRIDGE RD
HOBE SOUND, FL 33455 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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMART, GARY O
Address: 6116 WEST PINE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34426 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMART, GARY O
Address: 8855 SE BRIDGE RD
City-St-Zip: HOBE SOUND, FL 34455 US

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: GARY O SMART

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date