2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P93000084135

1. Entity Name

G-P CC STORES, INC.



Principal Place of Business

2295 CORP BLVD NW

2233 CORF BLVD NI

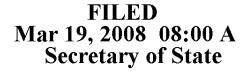
BOCA RATON, FL 33431

Mailing Address

2295 CORPORATE BLVD NW

STE - 222

BOCA RATON, FL 33431-7330 US





02132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0453339

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK NORTON 2295 CORPORATE BLVD, NW SUITE 222 STE - 222 BOCA RATON, FL 33431

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS VPS TITLE HERRICK, NORTON NAME STREET ADDRESS 2295 CORPORATE BLVD N.W. STE. 222 CITY-ST-ZIP BOCA RATON, FL 33431 TITLE PASD NAME HERRICK, HOWARD STREET ADDRESS 2 RIDGEDALE AVE STE 370 CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 VASD TITLE HERRICK, MICHAEL NAME STREET ADDRESS 2 RIDGEDALE AVE STE 370 CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 TITLE NAME KERMALLI, NISAR STREET ADDRESS 2 RIDGEDALE AVE STE 370 CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 TITLE HERRICK, EVAN 2 RIDGEDALE AV.E, STE. 370 STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 by 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:

E IND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

Daytime Phone s