
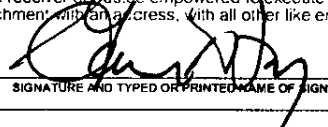


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 041 ***158.75

DOCUMENT # P94000003819 1. Entity Name GFA RAIL SERVICES, INC.					
Principal Place of Business 4110 CENTERPOINTE DR SUITE 207 FORT MYERS, FL 33916-9424			Mailing Address 4110 CENTERPOINTE DR SUITE 207 FORT MYERS, FL 33916-9424		
2. Principal Place of Business - No P.O. Box # 4110 CENTER POINTE DR.		3. Mailing Address 4110 CENTER POINTE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		01082007 Chg-P CR2E034 (12/06)	
Zip 		Country US		4. FEI Number 65-0459706	
Zip 		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAY, SUSAN J 4110 CENTERPOINTE DR SUITE 207 FORT MYERS, FL 33916-9424				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4110 CENTER POINTE DR. 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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FAY, GORDON H 4110 CENTERPOINTE DRIVE #207 FORT MYERS, FL 339169424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4110 CENTER POINTE DR 33916-9424		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FAY, SUSAN J 4110 CENTERPOINTE DRIVE #207 FORT MYERS, FL 339169424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4110 CENTER POINTE DR 33916-9424		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  GORDON H. FAY 1/22/07 (239) 275-6060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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