

FROM :Kaufman Fuks

FAX NO. :718 726 8722  
2/2**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90066 047 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                                                                                                                               |
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| <b>DOCUMENT # P95000007715</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                              |
| 1. Entity Name<br>GT'S CONTRACTING SERVICES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                                                                                               |
| Principal Place of Business<br>18877 SE LOXAHATCHEE RIVER RD.<br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | Mailing Address<br>18877 SE LOXAHATCHEE RIVER RD.<br>JUPITER, FL 33458                                                                                                                                        |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br><br>GADOMSKI, TOMASZ<br>18877 SE LOXAHATCHEE RIVER RD.<br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | 66006790<br><br>02162005 No Chg-P CR2E034 (10/03)<br>4. FEI Number<br>65-0826385<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>Applied For<br>Not Applicable |
| 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.<br>SIGNATURE: <u>T. Gadoski</u> (DATE) <u>3-15-05</u><br><small>(Signature, typed or printed name of registered agent and two if applicable. (NOTE: Registered Agent signature required when reappointing.) (DATE)</small>                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                               |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>GADOMSKI, THOMASZ<br>18877 SE LOXAHATCHEE RIVER RD.<br>JUPITER, FL 33458 |                                                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DO NOT WRITE IN THIS SPACE</b>                                             |                                                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                                                               |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>T. Gadoski</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | (DATE) <u>3-13-05</u>                                                                                                                                                                                         |