

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067094

Entity Name: GHLWWD, INC.

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

1665 PALM BEACH LAKES BOULEVARD
SUITE 610
WEST PALM BEACH, FL 33401

New Principal Place of Business:

10 CAMPUS BLVD
NEWTOWN SQUARE, PA 19073

Current Mailing Address:

10 CAMPUS BLVD
NEWTOWN SQUARE, PA 19073

New Mailing Address:

FEI Number: 23-2588255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL ST
TALLAHASSEE, FL 32303 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:

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: ROBERT DIGIUSEPPE,
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: P () Delete
Name: HOLLOWAY, GARY M
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VPT () Delete
Name: ROBINSON, BRUCE F
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AS () Delete
Name: HUBLEY, DENISE
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AS () Delete
Name: CARDAMONE, ANTHONY J
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP () Delete
Name: MACCHIONE, JOSEPH M
Address: 10 CAMPUS BLVD
City-St-Zip: NEWTOWN SQUARE, PA 19073 US

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:

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 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: ANTHONY J. CARDAMONE

ASEC

01/16/2007

Electronic Signature of Signing Officer or Director

Date