DOCUMENT # P95000070547 1. Entity Name GMK PROPERTIES, INC. Principal Place of Business 3684 SE DIXIE HIGHWAY STUART, FL 34997 A FEI Number 65-060 6. Name and Address of Current Registered Agent

FILED Apr 16, 2007 08:00 AM Secretary of State



				04042007 No Chg-P CR2E034 (11/05)							
DO NOT WRITE IN THIS SPACE				4	4. FEI Number 65-0606752				Applied For Not Applicable		
				5	5. Certificate of Status Desired S8.75 Addition Fee Required						
	6. Name and Address of Current Regis	itered Agent									
KEYES, GARY M 906 SW MAGNOLIA BLUFF DR PALM CITY, FL 34990						NOT THIS			- 		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or re	egistered	agent, or bo	oth, in the State			iar with, and	accept	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered				required whe	n reinstating)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			icing	\$5.00 Added t	May Be o Fees					i	
10.	OFFICERS AND DIREC	CTORS]		·	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEYES, GARY M 3684 SOUTH DIXIE HIGHWAY STUART, FL 34997	-	: " :		\$ 25		: ·.	•	* ** ***		
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NAME STREET ADDRESS CITY-ST-ZIP	_			4.	د د د د						
12. I hereby of indicated	certify that the information supplied with this for on this report or supplemental report is true a	ling does not qualify for the exe	emptions con ure shall hav	tained in e the sam	Chapter 11 e legal effe	9, Florida Statu ct as if made u	utes. I furth inder oath;	er certify th	at the inform	ation	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in allock 10 or Block 11 if changed, or on an attachment with or address, with all other like empowered.

SIGNATURE: \(\(\)

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(100)

7722834670

Daytime Phone #