2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000009248 1. Entity Name

G.P. BUTTONWOOD, INC.



1645 SE 3RD CT

STE 200

DEERFIELD BCH, FL 33441

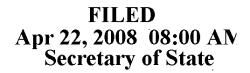
Principal Place of Business

Mailing Address

1645 SE 3RD CT

STE 200

DEERFIELD BCH, FL 33441





03062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0658120

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GEISERMAN, ROBERT M 1645 SE 3RD CRT

DO NOT WRITE

STE 200 DEERFIELD BCH, FL 33441			IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	ad office or r	egistered agent, or b	oth, in the State of Florida. I am famil	liar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registere	d Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	00000091369 05/08/08-80026	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GEISERMAN, ROBERT M 1645 S.E. 3RD CT., STE 200 DEERFIELD BEACH, FL 33441					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP) 19" .	, ,	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZiP				IN	THIS SPACE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				***************************************		1
TITLE NAME						

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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with an laddress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR