## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P96000031991

Name: Address:

City-St-Zip:

1323 VESTAVIA CIRCLE

MELBOURNE, FL 32940

**FILED** Nov 13, 2007 Secretary of State

Entity Name: GP SALES, INC. **Current Principal Place of Business: New Principal Place of Business:** 645 CLASSIC COURT 1323 VESTAVIA CIRCLE SUITE 103 MELBOURNE, FL 32940 US MELBOURNE, FL 32940 US **New Mailing Address: Current Mailing Address:** P.O. BOX 410008 MELBOURNE, FL 32941 US FEI Number: 59-3373695 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POWELL, GARY E 1323 VESTAVIA CIRCLE MELBOURNE, FL 32940 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition POWELL, JEFFREY S Name: Name: 8 CROSSINGS BLVD. Address: Address: City-St-Zip: BLUFFTON, SC 29910 City-St-Zip: Title: Title: ST () Delete (X) Change ( ) Addition POWELL, LINDA E Name: Name: POWELL, LINDA E 1323 VESTAVIA CIRCLE 1323 VESTAVIA CIRCLE Address: Address: MELBOURNE, FL 32940 MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition POWELL, GREGORY T Name: Name: 24 LEXINGTON CIRCLE Address: Address: City-St-Zip: PHENIX CITY, AL 36869 City-St-Zip: Title: () Delete Title: () Change () Addition POWELL, GARY E

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: GARY E. POWELL 11/13/2007