## 2008 FOR PROFIT CORPORATION

## Mar 10, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P96000038833** G.B.C. INTERNATIONAL, INC. Principal Place of Business Mailing Address 1590 WATSON RIDGE TRL. PO BOX 727 LAWRENCEVILLE, GA 30045 US GRAYSON, GA 30017 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0667610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATOR, GEORGE DO NOT WRITE 3391 CUSTER AVE LAKE WORTH, FL 33467 IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE BATOR, GEORGE NAME STREET ADDRESS 1590 WATSON RIDGE TRL. U00000851818 03/26/08-80003-024 150.00 CITY-ST-ZIP LAWRENCEVILLE, GA 30045 VΡ TITLE NOUR, BELINDA B NAME STREET ADDRESS 1590 WATSON RIDGE TRAIL CITY-ST-ZIP LAWRENCEVILLE, GA 30045 VP TITLE BATOR, CHRISTOPHER STREET ADDRESS 3391 CUSTER AVE. -DO NOT WRITE CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. 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 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 afforting like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE BATOR MARCH 6- 20.8 678-938-0840

FILED