


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000094946</b>	
1. Entity Name G-P KCRI, INC.	

Principal Place of Business 2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709086	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HERRICK, NORTON 2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON, FL 33431	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	04/07/08-80009-007 635.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HERRICK, NORTON 2295 CORPORATE BLVD N.W. STE. 222 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS HERRICK, HOWARD 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HERRICK, MICHAEL 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HERRICK, ELAYNE 400 SE 5TH AVE PH 1104 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRICK, EVAN 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927

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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 all other like empowered.

**SIGNATURE:** *[Signature]* - Controller 3/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #