


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000102909 1. Entity Name G-P HCVC, INC.		
Principal Place of Business 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent HERRICK, NORTON C/O THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD. N.W., SUITE 222 BOCA RATON, FL 33431		
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 (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000476366 04/06/06-80008-001 2222.50
10. OFFICERS AND DIRECTORS		
TITLE	VPS	
NAME	HERRICK, NORTON	
STREET ADDRESS	2295 CORPORATE BLVD N.W. STE. 222	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	PAS	
NAME	HERRICK, HOWARD	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	VPAS	
NAME	HERRICK, MICHAEL	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	C	
NAME	KERMALLI, NISAR	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	DVP	
NAME	HERRICK, ELAYNE	
STREET ADDRESS	400 SE 5TH AVE PH 1104	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	
NAME	HERRICK, EVAN	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
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: <i>Nisar Kermalli - Controller</i> 2/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0714420	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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