


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P97000045199 1. Entity Name GMB PARTNERS HOLDINGS, INC. |  |
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| Principal Place of Business 110 PONCE DE LEON STREET ROYAL PALM BEACH, FL 33411 | Mailing Address 110 PONCE DE LEON STREET ROYAL PALM BEACH, FL 33411 |
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06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0763010 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROGERS, RICHARD 301 E. PINE STREET ORLANDO, FL 32802 |
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD EVELYN, KENNETH M 1300 WOOD ROW WAY WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD EVELYN, SCOTT E 1110 LONGLEA TERRACE WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EVELYN, GLEN 2204 RIDGEWOOD CIRCLE ROYAL PALM BEACH, FL 33411 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HICKEY, KEVIN 72 RIDGEBURY RD AVON, CT 06001 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TITCOMB, GORDON 12971 HUNTLEY MANOR JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GOLDSTEIN, DENNIS S 305 E. LAKEWOOD DRIVE WEST PALM BEACH, FL 33405 |

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07/05/06-80001-017 150.00

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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:  6/30/06 561-793-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #