2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067550

WALPOLE, MA 02081

City-St-Zip:

Entity Name: GVR CORPORATION

FILED May 02, 2008 Secretary of State

Littly Na	HE. GVR CORFORATIO	711					
Current Principal Place of Business:			New Principal Place of Business:				
37 VISTA DEL RIO BOYNTON BEACH, FL 33463			8299 BOCA GLADES BLVD EAST BOCA RATON, FL 33434				
Current M	ailing Address:		New Maili	ng Address:			
37 VISTA DEL RIO BOYNTON BEACH, FL 33463			9 ZIONS PLACE PLYMOUTH, MA 02360				
FEI Number	: 65-0790300 FEI Numb	er Applied For()	FEI Number Not Appl	icable ()	Certificate of Statu	s Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
The above	DEL RIO	S s statement for the p	urpose of changing i	ts registered	office or registered	agent, or both,	
SIGNATUI							
0.0		e of Registered Age	nt	Date			
	ce with s. 607.193(2)(b), F.S., npaign Financing Trust Fund		t receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	DTP () Delete VITALE, RICHARD 37 VISTA DEL RIO BOYNTON BEACH, FL 3346	33	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPS () Delete VITALE, EUGENE 37 VISTA DEL RIO BOYNTON BEACH, FL 3346	93	Title: Name: Address: City-St-Zip:	VPS (X VITALE, EUGI 9 ZIONS PLAC PLYMOUTH, N	CE		
Title: Name: Address: City-St-Zip:	VP () Delete VITALE, JEAN M 37 VISTA DEL RIO BOYNTON BEACH, FL 3346	93	Title: Name: Address: City-St-Zip:	VP (X VITALE, JEAN 9 ZIONS PLAC PLYMOUTH, N	CE		
Title: Name: Address:	VP () Delete CULLEN, JAMES G 26 DOVER DRIVE		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: EUGENE VITALE VPS 05/02/2008