2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# P98000014666

Entity Name: GSG EQUITIES, INC.

Current Principal Place of Business:

661 EAST ALTAMONTE DRIVE, SUITE 318
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

2190 TERRACE BLVD.
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3501450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUINDI, EDWARD S
2190 TERRACE BLVD.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GUINDI, EDWARD S M.D.
2190 TERRACE BLVD.
LONGWOOD, FL 32779 US

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.

SIGNATURE: EDWARD S. GUINDI, M.D. 03/26/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GUINDI, EDWARD M.D.
Address: 661 EAST ALTAMONTE DRIVE, SUITE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: SWEET, JON M.D.
Address: 661 EAST ALTAMONTE DRIVE, SUITE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: GOSS, DAVID M.D.
Address: 661 EAST ALTAMONTE DRIVE, SUITE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CINDY REVIS ASST 03/26/2008
Electronic Signature of Signing Officer or Director Date