2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# P98000049828

Entity Name: GOVERNMENT SUPPLY LINE, INC.

Current Principal Place of Business:

3350 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 622554
OVIEDO, FL 32762 US

New Mailing Address:

3350 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766 US

FEI Number: 59-3594398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMBUZZA, MARIA B PRES
3350 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAMBUZZA, MARIA B
Address: 3350 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

Title: VP ( ) Delete
Name: GAMBUZZA, ADAM
Address: 3350 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GAMBUZZA, ADAM
Address: 3350 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL

Title: TREA ( ) Change (X) Addition
Name: GRABB, ROBERT F
Address: 3350 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL

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: MARIA B GAMBUZZA PRES 05/08/2008

Electronic Signature of Signing Officer or Director Date