2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000056929

1. Entity Name
GEO DESIGN SERVICES, INC.

Principal Place of Business	Mailing Address
ONE PARK PLACE, SUITE 700 621 NORTHWEST 53RD STREET BOCA RATON, FL 33487	ONE PARK PLACE, SUITE 700 621 NORTHWEST 53RD STREET BOCA RATON, FL 33487

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04262008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0857951
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULFIN, JOHN J
621 NW 53RD ST
SUITE 700
BOCA RATON, FL 33487

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ZOLEY, GEORGE C
STREET ADDRESS	621 NW 53RD ST, STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	DP
NAME	CALABRESE, WAYNE H
STREET ADDRESS	621 NW 53RD ST, STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	DS
NAME	BULFIN, JOHN J
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	V
NAME	VALDES-FAULI, CARLOS
STREET ADDRESS	621 NW 53RD ST, STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	T
NAME	O'ROURKE, JOHN G
STREET ADDRESS	621 NW 53RD ST, STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	AT
NAME	WATSON, DAVID
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487

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05/16/06-80008-024 150.00

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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 or 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: DAVID N.T. WATSON Treasurer & VP, Finance The GEO Group, Inc. 4-28-06 561-999-7427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #