2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085510

Entity Name: GSL SOLUTIONS, INC.

City-St-Zip:

TAMPA, FL 33607

FILED Jan 06, 2006 Secretary of State

	002 001	20110140, 1140.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1411 N WI SUITE 102 TAMPA, F		BLVD			
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
1411 N WI SUITE 102 TAMPA, F		BLVD			
FEI Number	: 65-0926109	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	ne and Address of New Registered Agent:	
1411 N WI SUITE 102	MICHAEL A ESTSHORE E 2 L 33607 US	BLVD			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GAINES, MICH	SHORE BLVD #102	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address:	SILCOX, JAM) Delete ES T SHORE BLVD #102	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL A. GAINES P 01/06/2006