

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097346

Entity Name: G & M ESTATES USA, INC.

FILED
Jul 18, 2006
Secretary of State

Current Principal Place of Business:

6530 HIGHCROFT DRIVE
NAPLES, FL 34119

New Principal Place of Business:

9770 BENT GRASS BEND
NAPLES, FL 34108 US

Current Mailing Address:

6530 HIGHCROFT DRIVE
NAPLES, FL 34119

New Mailing Address:

9770 BENT GRASS BEND
NAPLES, FL 34108 US

FEI Number: 65-0892715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAUGHERTY, TOM
1520 ROYAL PALM SPRINGS BLVD
#245
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

TROIANO, JOSEPH A ESQ
12800 UNIVERSITY DRIVE, SUITE 380
FORT MYERS, FL 33907 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: JOSEPH A. TROIANO, ESQ.

07/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHRIGLEY, MICHAEL
Address: 6530 HIGHCROFT DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHRIGLEY, MICHAEL
Address: 9770 BENT GRASS BEND
City-St-Zip: NAPLES, FL 34108

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 SHRIGLEY

D

07/18/2006

Electronic Signature of Signing Officer or Director

Date