


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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|--|---|---|
| DOCUMENT # P99000006975 1. Entity Name GMTK MANAGEMENT SERVICES, INC. | |  |
| Principal Place of Business 13 SABAL ISLAND DRIVE BOYNTON BEACH, FL 33435 | Mailing Address 13 SABAL ISLAND DRIVE BOYNTON BEACH, FL 33435 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MCCARTY, DOUGLAS E 1617 N FEDERAL HWY LAKE WORTH, FL 33460 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCCARTY, DOUGLAS 1617 N FEDERAL HWY LAKE WORTH, FL 33460 | |
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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, 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: <u><i>Douglas McCarty</i></u> DOUGLAS MCCARTY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PRESIDENT | | JAN 24, 2006 <small>Date</small> 561 588 0440 <small>Daytime Phone #</small> |



01062006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0890600 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U000000402909
02/03/06-80028-006 150.00

**DO NOT WRITE
IN THIS SPACE**