


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P99000063864 1. Entity Name GTO, INC.	
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Principal Place of Business 3121 HARTSFIELD RD. TALLAHASSEE, FL 32303	Mailing Address C/O NORTEK, INC 50 KENNEDY PLAZA PROVIDENCE, RI 02903
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04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3596645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, JOE 1212 CONSERVANCY DRIVE E TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DONELLY, KEVIN W C/O NORTEK INC, 50 KENNEDY PL PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTS, CHARLES E 1950 CAMINO VIDA ROBLE STE 150 CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COONEY, EDWARD J C/O NORTEK INC, 50 KENNEDY PL PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RUMMELL, GRANT D 1950 CAMINO VIDA ROBLE CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BREADY, RICHARD L C/O NORTEK INC, 50 KENNEDY PL PROVIDENCE, RI 02903

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05/25/07-80073-018 150.00

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: *[Signature]* 4/26/07 401-751-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #