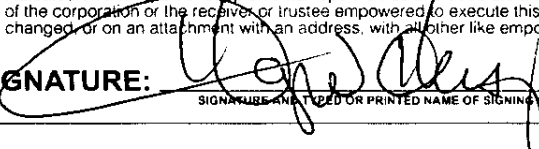


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90029 011 ***150.00

DOCUMENT # S29580 1. Entity Name GPR RANCHES, INC.					
Principal Place of Business 560 VILLAGE BLVD #335 WEST PALM BEACH, FL 33409			Mailing Address 560 VILLAGE BLVD 335 WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box # 420 COLUMBIA DRIVE Suite, Apt. #, etc. 110		3. Mailing Address 420 COLUMBIA DRIVE Suite, Apt. #, etc. 110			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0239289	
Zip 33409		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERSEY, HARRY 560 VILLAGE BLVD #335 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name HARRY HERSEY Street Address (P.O. Box Number is Not Acceptable) 420 COLUMBIA DRIVE A110 City WEST PALM BEACH FL Zip Code 33409	
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: _____ <small>Signature of the person named as registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME HERSEY, HARRY		TITLE # Change	NAME 420 COLUMBIA DRIVE A110	
STREET ADDRESS 560 VILLAGE BLVD #335	CITY-ST-ZIP WEST PALM BEACH, FL 33409		STREET ADDRESS 420 COLUMBIA DRIVE A110	CITY-ST-ZIP WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: _____ DAYTIME PHONE #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					