

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213537877
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1.) CORPORATION NAME: GMRI Realty, Inc.	DUE DATE: 7/31/2013						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA	SCC ID NO: F1388687						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> <tr> <td>PREFER</td> <td>1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	1,000,000	PREFER	1,000
CLASS	AUTHORIZED						
COMMON	1,000,000						
PREFER	1,000						
4.) STATE OR COUNTRY OF INCORPORATION: MD							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 DARDEN CENTER DR

CITY/ST/ZIP: ORLANDO, FL 32837

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PATRICK HARRIGAN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 1000 DARDEN CENTER DR				
CITY/ST/ZIP/CO: ORLANDO, FL 32837				

NAME: PATRICK HARRIGAN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 1000 DARDEN CENTER DR				
CITY/ST/ZIP/CO: ORLANDO, FL 32837				

NAME: GORETTI CO	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: ASST TREASURER				
ADDRESS: 1000 DARDEN CENTER DR				
CITY/ST/ZIP/CO: ORLANDO, FL 32837				

NAME: ANGELA SIMMONS	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: ASST TREASURER				
ADDRESS: 1000 DARDEN CENTER DR				
CITY/ST/ZIP/CO: ORLANDO, FL 32837				

NAME: DOUGLAS E. WENTZ	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 1000 DARDEN CENTER DR				
CITY/ST/ZIP/CO: ORLANDO, FL 32837				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PATRICK HARRIGAN	PATRICK HARRIGAN, PRESIDENT	8/14/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.