## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 248355**

FILED Apr 16, 2009 Secretary of State

Entity Name: GAUMARD SCIENTIFIC COMPANY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
14700 SV MIAMI, FL				
Current Mailing Address:		New Mailing Address:		
14700 SW MIAMI, FL				
FEI Number	: 59-1150440	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
14700 SW	DAPHNE / 136 STREET			
VIIAIVII, FL	33196 US			
The above		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity : e of Florida.	submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,
The above in the Stat	e named entity : e of Florida. RE:	submits this statement for the particles of Registered Against Signature Of Registered Against		ed office or registered agent, or both,  Date
The above in the Stat SIGNATU	e named entity : e of Florida. RE: Electror			
The above in the Stat SIGNATU Election Ca	e named entity : e of Florida. RE: Electror	nic Signature of Registered Ago	ent	
The above in the Stat SIGNATU Election Ca	e named entity se of Florida.  RE: Electror mpaign Financing S AND DIREC	nic Signature of Registered Ago g Trust Fund Contribution ( ). TORS: Delete HNE STREET	ent	Date
The above in the State SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	e named entity se of Florida.  RE:  Electror  mpaign Financing  S AND DIREC  P ()  EGGERT, DAPI 14700 SW 136  MIAMI, FL 331	nic Signature of Registered Age of Trust Fund Contribution ( ).  TORS: Delete HNE STREET 96 Delete N STREET	ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: DAPHNE EGGERT P 04/16/2009