

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833525

FILED
Apr 07, 2006
Secretary of State

Entity Name: G-A-I CONSULTANTS, INC.

Current Principal Place of Business:

618 EAST SOUTH STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

385 EAST WATERFRONT DRIVE
HOMESTEAD, PA 15120 US

New Mailing Address:

FEI Number: 25-1260999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEJIDAS, GARY M
1436 CAMPBELL STREET
ORLANDO, FL 328067048 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: DEJIDAS, GARY M
Address: 618 EAST SOUTH ST
City-St-Zip: ORLANDO, FL 32801

Title: DV () Delete
Name: DODDS, LAWRENCE R
Address: 385 EAST WATERFRONT DRIVE
City-St-Zip: HOMESTEAD, PA 15120

Title: DV () Delete
Name: SIEVERS, J M
Address: 618 EAST SOUTH STREET
City-St-Zip: ORLANDO, FL 32801

Title: DV () Delete
Name: MORROCCO, ANTHONY F
Address: 385 EAST WATERFRONT DRIVE
City-St-Zip: HOMESTEAD, PA 15120

Title: DV () Delete
Name: LANDERS, DIANE B
Address: 385 EAST WATERFRONT DRIVE
City-St-Zip: HOMESTEAD, PA 15120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY M. DEJIDAS

Electronic Signature of Signing Officer or Director

PRES

04/07/2006

_____ Date