


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90240 003 ***150.00

DOCUMENT # 833525	
1. Entity Name G-A-I CONSULTANTS, INC.	

Principal Place of Business 618 EAST SOUTH STREET ORLANDO, FL 32801	Mailing Address 385 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120 US
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2. Principal Place of Business - No P.O. Box # 301 E Pine Street	3. Mailing Address
Suite, Apt. #, etc. Suite 1020	Suite, Apt. #, etc.

04042008 Chg-P CR2E034 (12/06)

City & State Orlando FL 32801	City & State
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4. FEI Number 25-1260999	Applied For <input type="checkbox"/> Not Applicable
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Zip 32801	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEJIDAS, GARY M 1436 CAMPBELL STREET ORLANDO, FL 32806-7048	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DEJIDAS, GARY M 618 EAST SOUTH ST ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DODDS, LAWRENCE R 385 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIEVERS, J M 618 EAST SOUTH STREET ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORROCCO, ANTHONY F 385 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANDERS, DIANE B 385 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DEJIDAS, GARY M 301 E Pine St Suite 1020 Orlando FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIEVERS J M 301 E Pine St Suite 1020 Orlando FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARTMAN, GERALD C 301 E PINE ST SUITE 1020 ORLANDO FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Pavlik, M J 385 East Waterfront Drive Homestead PA 15120 5005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Mark J. Pavlik* Mark J. Pavlik **4/9/08** **412.476.2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #