2007 FOR PROFIT CORPORATION

FILED Mar 12, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000048781 1. Entity Name GILYARD ENTERPRISE, INC. Principal Place of Business Mailing Address **POST OFFICE BOX 475** 108 CROW BUFF RD SATSUMA, FL 32189 SATSUMA, FL 32189 CR2E034 (11/05) 03052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0103681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GILYARD, WILLIE DO NOT WRITE 108 CROW BUFF ROAD SATSUMA, FL 32189 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GILYARD, WILLIE STREET ADDRESS POST OFFICE BOX 475 SATSUMA, FL 32189 TITLE U00000663244 03/21/07-80046-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #