2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # 483152

1. Entity Name
GAIN, INC.

Principal Place of Business	Mailing Address
3314 NW 52ND PLACE GAINESVILLE, FL 32605 US	12200 BROAD RIVER RD LITTLE MOUNTAIN, SC 29075 US

DO NOT WRITE IN THIS SPACE

02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1632901
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, NELL R
206 W ORANGE ST
APT 19
DAVENPORT, FL 33837

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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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	WASHINGTON, NELL R.
STREET ADDRESS	206 W ORANGE ST APT 19
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	SD
NAME	WASHINGTON, ANN
STREET ADDRESS	3314 NW 52ND PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	DP
NAME	WASHINGTON, ROBERT JR.
STREET ADDRESS	434 BYNUM ACRES DR
CITY-ST-ZIP	ANNISTON, AL 36201
TITLE	DT
NAME	WASHINGTON, PETER
STREET ADDRESS	12200 BROAD RIVER RD
CITY-ST-ZIP	LITTLE MTN, SC 29075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Peter Washington Peter Washington 2/20/07 803 216 2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #