


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90062 025 ***150.00

DOCUMENT # 679136	
1. Entity Name G I L INC.	

Principal Place of Business 1130 E PLANT ST STE H WINTER GARDEN, FL 34787 US	Mailing Address 1130 E PLANT ST STE H WINTER GARDEN, FL 34787 US
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2. Principal Place of Business - No P.O. Box # 1137 E. PLANT ST.	3. Mailing Address 1137 E. PLANT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER GARDEN, FL	City & State WINTER GARDEN, FL
Zip 34787	Country USA
Zip 34787	Country USA

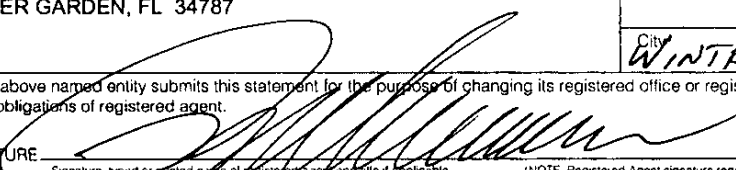


07052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LAMAN, G. DOUGLAS 1130 E PLANT ST STE H WINTER GARDEN, FL 34787	
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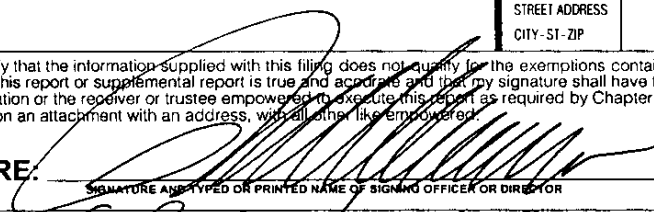
4. FEI Number 59-2014243	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1137 E. PLANT ST City WINTER GARDEN FL Zip Code 34787	
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 	DATE 7-27-07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAMAM, G. DOUGLAS 1130 E PLANT ST, ST H WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1137 E. PLANT ST. WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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  G. DOUGLAS LAMAN, PRES.	DATE 7-27-07 Daytime Phone # 407-877-7722 #205