

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738123

FILED
Apr 18, 2008
Secretary of State

Entity Name: THE GARDENS 107, INC.

Current Principal Place of Business:

8039 GARDEN DRIVE
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7341
SEMINOLE, FL 33775 US

New Mailing Address:

FEI Number: 59-1870432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENERAL ACCOUNTING SYSTEMS INC
601 5TH AVE NO
ST.PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

WILLIAM WILLIAMS CPA
6519 CENTRAL AVE
ST.PETERSBURG, FL 33710 US

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: WILLIAM WILLIAMS 04/18/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLENGER, GORDON PD
Address: 8039 GARDEN DR #212
City-St-Zip: SEMINOLE, FL 33777 US

Title: VPD () Delete
Name: GOLTL, RUTH VPD
Address: 14131 84TH TERR NO
City-St-Zip: SEMINOLE, FL 33776 US

Title: TD () Delete
Name: MAYENSCHN, DAVID TD
Address: 8039 GARDEN DR., #201
City-St-Zip: SEMINOLE, FL 33777 US

Title: D () Delete
Name: DEMAESSCHALOK, FELIX D
Address: 8039 GARDEN DR. #112
City-St-Zip: SEMINOLE, FL 33777 US

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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON GALLENGER P 04/18/2008

Electronic Signature of Signing Officer or Director Date