2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003668

Entity Name: G. LONIE, INC.

FILED May 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3700 GALT OCEAN DR. #610 1040 SEMINOLE DRIVE

FORT LAUDERDALE, FL 33308 853

FORT LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

PO BOX 39212

FORT LAUDERDALE, FL 33339

FEI Number: 37-1404786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENNELL, GAIL KENNELL, GAIL

3700 GALT OCEAN DR. #610 1040 SEMINOLE DRIVE

FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33304 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: 05/04/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

KENNELL, GAIL KENNELL, GAIL Name: Name:

3700 GALT OCEAN DR. #610 123 SW JEFFERSON, SUITE 110 Address: Address:

PEORIA, IL 61602 City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: LONIE, GRANT Name: LONIE, GRANT

135333 RIVER BEACH DRIVE 123 SW JEFFERSON, SUITE 110 Address: Address:

ANILLIOTHE, IL 61523 PEORIA, IL 61602 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition LONIE, GRACE Name: LONIE, GRACE Name:

6516 V. UNIVERSITY AVE. Address: Address:

123 SW JEFFERSON, SUITE 110

City-St-Zip: PEOVICE, IL 61614 City-St-Zip: PEORIA, IL 61602

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL KENNELL **PRES** 05/04/2006