2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # F05000002610

FILED Apr 17, 2006 8:00 am Secretary of State

GILL ABSTRACT CORPORATION				04-17-2006 90	0336 041 *	**150.00)
Principal Place of Business	Mailing Address						
738 BAYSHORE DRIVE 738 BAYSHORE DRIVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689							
2. Principal Place of Business	3. Mailing Address	15/ 7					
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 7.3.8 Bayshore Dr., 73.8 Baysh Suite. Apt. #, etc.		Shore Dr.	700		000000	(40,000)	
			l 1s	t MOORE	CR2E034	(10/05)	
City & State Tar COON Springs FL	Zip 34689 Pinellas		4. FE! Numb	4. FEI Number 14-1663159			pplied For ot Applicable
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34689 Pinellas		PINella S	5. Certificate			ee Require	
6. Name and Address of Current	Registered Agent	Name		Address of New	Hegistered A	gent	
GILL, NAN 738 BAYSHORE DRIVE			Street Address (P.O. Box Number is Not Acceptable)				
TARPON SPRINGS FL 34689		738	BAYSho	ore Di	10-6		
	_	City	RPON	SPRIN	6s FL	Zip Coc	689
8. The above named entity submits this statement for	or the purpose of changing its re	gistered office or re	gistered agent, or bo	oth, in the State of F	lorida. I am fa	amiliar with,	, and accept
the obligations of registered agent							
SIGNATURE Signature Typed or printed rights of registered applie	and life if applicable (NOTE F	Registeren Agent signature i	required when reinstating)		DATE	·····	
		-9	2,				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State :							
After May 1, 2006 Fee Will Be \$550.00	Oje je∣			9. Election Camp Trust Fund Co	•		.00 May Be ed to Fees
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR