


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

Pay 158.75
9600 75.2
7120 75.2

DOCUMENT # F97000006578	
1. Entity Name VILLAGE GIFTS, INC.	
	
Principal Place of Business 1125 GILLS DRIVE, SUITE 800 ORLANDO, FL 32824	Mailing Address 6084 PAISLEY DR NORTH OLINISTED, OH 44070 US



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3476987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GEHRING, JAMES H JR
STREET ADDRESS	1125 GILLS DR # 800
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	VD
NAME	GEHRING, JAMES H III
STREET ADDRESS	1125 GILLS DR # 800
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	SD
NAME	BADIK, JENNIFER L
STREET ADDRESS	1125 GILLS DR # 800
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	TD
NAME	GEHRING, GWYNNE L
STREET ADDRESS	1125 GILLS DR # 800
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/07-80039-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

James H Gehring Jr *2-21-07* *440 779 7692*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #