


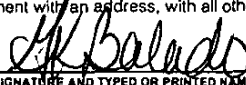


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90408 034 ***158.75

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # J69051 1. Entity Name GICOLL, INC. | | | |  | |
| Principal Place of Business 1607 E 148TH AVE LUTZ, FL 33549 US | | | | Mailing Address 1607 E 148TH AVE LUTZ, FL 33549 US | |
| 2. Principal Place of Business 14703 North 37th Street Suite, Apt. #, etc. | | 3. Mailing Address 14703 North 37th Street Suite, Apt. #, etc. | |  04272006 Chg-P CR2E034 (11/05) | |
| City & State Lutz, Florida | | City & State Lutz, Florida | | | |
| Zip Country 33559-3240 USA | | Zip Country 33559-3240 USA | | | |
| 4. FEI Number 59-2831196 | | 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 BALADO, GINA 1607 E 148TH AVE LUTZ, FL 33549 | | | | 7. Name and Address of New Registered Agent Name Gina Balado Street Address (P.O. Box Number is Not Acceptable) 14703 North 37th Street City State Zip Code Lutz FL 33559-3240 | |
| 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  Gina Balado April 27, 2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT BALADO, GINA K 1607 E 148TH AVE LUTZ, FL 33549 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 14703 North 37th Street Lutz, FL 33559-3240 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS BALADO, RAYMOND 1607 E 148TH AVE LUTZ, FL 33549 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 14703 North 37th Street Lutz, FL 33559-3240 | <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 |
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| 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:  Gina Balado/Pres April 27, 2006 (813) 972-5293 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |