2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 08:00 All Secretary of State **DOCUMENT # K08680 GAETANA CORPORATION** Principal Place of Business Mailing Address 316 MAIN ST 316 MAIN ST DAYTONA BEACH, FL 32118-4038 US DAYTONA BEACH, FL 32118-4038 US CR2E034 (11/05) 02192007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2939047 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNELL, WALTER J DO NOT WRITE 436 N PENINSULA DR D₁ IN THIS SPACE DAYTONA BEACH, FL 32118 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CARVAGNO, JOSEPH NAME STREET ADDRESS 316 MAIN STREET U00000692741 DAYTONA BEACH, FL 32118 CITY-ST-7IP 04/16/07-80012-006 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 of 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 a fother like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #