

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K45933

Entity Name: GAEA PROJECT, INC.

FILED  
Sep 19, 2007  
Secretary of State

**Current Principal Place of Business:**

3907 CYPRESS LANDING EAST  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

3907 CYPRESS LANDING EAST  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 65-0087472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANLEY, JOAN S DR.  
3907 CYPRESS LANDING EAST  
WINTER HAVEN, FL 33884 US

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

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: JOAN S. HANLEY

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:**

Title: DR. ( ) Delete  
Name: HANLEY, JOAN S DR.  
Address: 3907 CYPRESS LANDING EAST  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VP ( ) Delete  
Name: VANHEURN,, GOTTFRIED  
Address: 2241 N.W. 81ST TER  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: CHASE, ROSE  
Address: P.O. BOX 206 N/A  
City-St-Zip: CHEROKEE VILLAGE, AR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DR. JOAN S. HANLEY

Electronic Signature of Signing Officer or Director

PRES

09/19/2007

Date