2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56532

Entity Name: G L'S OARHOUSE, INC.

FILED Feb 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4415 MICKLER CUTOFF

PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address: New Mailing Address:

4415 MICKLER RD. P.O. BOX 926
PONTE VEDRA BEACH, FL 32082 US P.O. BOX 926
4415 MICKLER RD

PONTE VEDRA BEACH, FL 32004 US

FEI Number: 59-2934115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEARY, GENE A SEC
P.O. BOX 926
4415 MICKLER RD
PONTE VEDRA, FL 32004 US

LEARY, GENE A SEC
4415 MICKLER RD
PONTE VEDRA, FL 32004 US

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: 02/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: S () Delete Title: S/D (X) Change () Addition

Name: LEARY, GENE A
Address: 4415 MICKLER RD Name: LEARY, GENE A
Address: P.O. BOX 926

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: VP (X) Delete Title: () Change () Addition

 Name:
 NADER, SHARON
 Name:

 Address:
 4415 MICKLER CUTOFF
 Address:

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

Name:BASS, JASONName:Address:4415 M{CKLER CUTOFFAddress:City-St-Zip:PONTE VEDRA, FL 32082City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GENE A. LEARY S/D 02/27/2007