


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006757 1. Entity Name THE GAGNON ART FOUNDATION, INC.	
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Principal Place of Business 1844 N. NOB HILL RD. #226 PLANTATION, FL 33322	Mailing Address 1844 N. NOB HILL RD. #226 PLANTATION, FL 33322
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1408468	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARTMAN, BRADLEY S 10000 STIRLING RD. SUITE 1 COOPER CITY, FL 33024	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

Filing Fee is \$61.25 Due by May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAGNON, MARC P.O. BOX 8776 CORAL SPRINGS, FL 33075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFO KEYVAN, JUBIN 10211 W. SAMPLE RD. #211 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALMA, JOSEPH 128 LAKE STREET BROOKLYN, NY 11223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TYMAN, STEVEN J 2 S. UNIVERSITY DR. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, JOANNE 5599 S. UNIVERSITY DR. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, NOEL 4420 S.W. 77TH AVE. DAVIE, FL 33328

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01/17/07-80075-005 61.25

**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 617, 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:  **Marc Gagnon, President** 1/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(954) 347-4604