2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N10000

Entity Name: GAINESVILLE AREA INNOVATION NETWORK, INC.

Current Principal Place of Business:

% HOWARD W. PATRICK
P O BOX 13494
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

% HOWARD W. PATRICK
P O BOX 13494
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-2908217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRASHEAR, BRUCE
926 NW 13TH ST
GAINESVILLE, FL 32601 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: PATRICK, HOWARD W
Address: 4205 NW 23 TERRACE
City-St-Zip: GAINESVILLE, FL 326051679

Title: VD ( ) Delete
Name: CONLIN, KEVIN
Address: 620 NW 16 AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: BREEDLOVE, PATTI
Address: 12085 RESEARCH DRIVE
City-St-Zip: ALACHUA, FL 32615

Title: PD ( ) Delete
Name: MUIR, JANE
Address: PO BOX 11550
City-St-Zip: GAINESVILLE, FL 32611

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD W PATRICK TRES 05/01/2006

Electronic Signature of Signing Officer or Director — Date