2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000

FILED Mar 28, 2011 Secretary of State

Entity Name: GAINESVILLE AREA INNOVATION NETWORK, INC.

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

12085 RESEARCH DRIVE 5931 NW 1ST PL

ALACHUA, FL 32615 GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

C/O BOOKER SCHMIDT 5931 NW 1ST PL

P O BOX 141556 GAINESVILLE, FL 32607 GAINESVILLE, FL 32614

FEI Number: 59-2908217 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:

BRASHEAR, BRUCE 926 NW 13TH ST

GAINESVILLE, FL 32601 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

VILLEMAIRE, CAROL Name: Address: 5931 NW 1ST PLACE City-St-Zip: GAINESVILLE, FL 32607

Title: SD

Name: SCHMIDT, G BOOKER Address: 2153 SE HAWTHORNE RD NO 1 City-St-Zip: GAINESVILLE, FL 32641

Title:

BREEDLOVE, PATTI Name: Address: 12085 RESEARCH DRIVE City-St-Zip: ALACHUA, FL 32615

Title: VD

Name: LEE, MAY

3903 SW 89TH DRIVE Address: City-St-Zip: GAINESVILLE, FL 32608

Title: Name:

RUA, DAN 2153 SE HAWTHORNE RD Address:

GAINESVILLE, FL 32641 City-St-Zip:

Title:

BROWN, CRIS Name:

Address: 1300 WEST UNIVERSITY DRIVE GAINESVILLE, FL 32611 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: CAROL VILLEMAIRE TD 03/28/2011