FILED Feb 13, 2008 8:00 am Secretary of State

2008	NU	FUR-PRUFII CURPURATIU	N
		ANNUAL REPORT	

### ADERINATION STREET S. ### P.O. BOX 10238 ### ST. PETERSBURG, FL 33711 ### ST. PETERSBURG, FL 33711 ### ST. PETERSBURG, FL 33711 ### State ### Cray & State ### Cray & State ### Country ###	1. Entity Nam	ne	# N98000006 GERS, INC.	545				02	2-13-2008 9	90027 017 * [,]	***61.2	25		
Sale Aol # etc Suite Apt # etc Dize2008 Chg-NP CR2E37 (12/06)	Principal Place of Business 426 KINGSTON STREET, S. ST. PETERSBURG, FL 33711				P.O. BOX 10238									
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Signature Signature Signa	Suite, Apt. #, etc.			Suite, Apt. #, etc.				01282008 Ch	ng-NP	CR2E037 (1:	2/06)			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOBBS, CARCILYN E 426 KINGSTON STREET, S. ST. PETERSBURG, FL 33711 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable in Internation Internatio	City & State			City	& State			4. FEI Number 59-355775	4		 			
HOBBS, CAROLYNE 426 KINGSTON STREET, S. ST. PETERSBURG, FL 33711 City FL Zip Code	Zip	± :=	Country	Zip Co		Country								
HOBBS, CARCLYNE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FIling Fee is \$61.25 Bue by May 1, 2008 9. Election Campaging Financing Trust Fund Contribution. Filing Fee is \$61.25 Bue by May 1, 2008 9. Election Campaging Financing Trust Fund Contribution. FILING Pee is \$61.25 Bue by May 1, 2008 9. Election Campaging Financing Trust Fund Contribution. Make Applicate Peers Added to Fees Added to		6. Name	and Address of Current i	Registere	d Agent									
ST. PETERSBURG, FL 33711 Cay	HOBBS C	AROLYN	F			Name	Name							
B. The above named entity submits the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hood or orient name of registered agent and this it application. (NOTE Programmed Agent signature agent agent agent and this it application. (NOTE Programmed Agent signature agent a	426 KINGSTON STREET, S.					Street /	Street Address (P.O. Box Number is Not Acceptable)							
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. MOTE Registered Agent significant recursion were remaining. DATE						City			··	FL Z	ip Code			
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SIGNATURE: WHENCE M). Werdening Constance M. CLENDEN ING 139/08 (727)867-3828 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIPLECTOR Date Deviring Phone #	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 eath; 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 attact ment with an address, with all other like empowered.													
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