2008 FOR PROFIT CORPORATION

Apr 04, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000034014** 04-04-2008 90030 009 ***150 00 GAYNES FAMILY ENTERPRISES, INC. Principal Place of Business Mailing Address C/O STEVEN J ASARCH PA C/O STEVEN J ASARCH PA 1900 NW CORPORATE BLVD SUITE 400 EAST 1900 NW CORPORATE BLVD SUITE 400 EAST BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102008 CR2E034 (12/06) Chg-P 4. FEI Number City & State 😲 City & State Applied For Not Applicable 65-1008814 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASARCH, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 1900 NW CORPORATE BOULEVARD **SUITE 400 EAST** BOCA RATON, FL 33431 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE Channe NAME GAYNES, FRIEDA B NAME STREET ADDRESS 1900 NW CORPORATE BLVD SUITE 400 EAST STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP VPSD- PD Change ☐ Addition TITLE ☐ Delete TITLE MUELLER, SUSAN G NAME NAME STREET ADDRESS 11306 ROOSEVELT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAGINAW, MI 48609 VPST YD---TITLE ☐ Delete TITLE FIELD, BARBARA NAME NAME STREET ADDRESS 300 MORAINE ROAD STREET ADDRESS CITY-ST-ZIP HIGHLAND PARK, IL 60035 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME

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 607, 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.

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SIGNATURE: > OFFICER OR DIRECTOR

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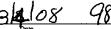
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