

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 008 ***150.00

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02072005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000077703 1. Entity Name A GLEAM, INC.																			
Principal Place of Business 14410 APACHE AVE LARGO, FL 33774			Mailing Address 14410 APACHE AVE LARGO, FL 33774																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3668263 Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent MAYNARD, DAVID S 105 SECOND STREET 14410 APACHE AVENUE BELLEAIR BEACH, FL 33786 LARGO FL 33774			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAYNARD, DAVID S</td> </tr> <tr> <td>STREET ADDRESS</td> <td>105 SECOND STREET 14410 APACHE AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BELLEAIR BEACH, FL 33786 LARGO FL 33774</td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete	NAME	MAYNARD, DAVID S	STREET ADDRESS	105 SECOND STREET 14410 APACHE AVE	CITY-ST-ZIP	BELLEAIR BEACH, FL 33786 LARGO FL 33774	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 50%;">STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																			
SIGNATURE: <u><i>D Maynard</i></u> 2/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																			