

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000107141

1. Entity Name
GAYMART USA INC.



Principal Place of Business
**2232 WILTON DR.
 WILTON MANORS, FL 33305**

Mailing Address
**611 S PALM CYN DR
 #7318
 PALM SPRINGS, CA 92264 US**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1059645

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FOUTCH, TIM
 2924 NE 21 TERRACE
 FORT LAUDERDALE, FL 33306**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000784838
 01/16/08-80071-017 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOUTCH, TIM 2924 NE 21 TERRACE FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATTEBURY, CRAIG 2924 NE 21 TERRACE FORT LAUDERDALE, FL 33306
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 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.

SIGNATURE: Tim Foutch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08 760 320 0606
Date Daytime Phone #