


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT #P01000014008 1. Entity Name GARY BOUVIER CAPITAL, INC.	
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Principal Place of Business 2511 PROVENCE CIR WESTON, FL 33327	Mailing Address 2511 PROVENCE CIR WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE

08072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1020829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUVIER, GARY
2511 PROVENCE CIR
WESTON, FL 33327

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000773831 09/13/07-800002-005 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUVIER, GARY 2511 PROVENCE CIR WESTON, FL 33327
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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:  9/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #