


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000036431</b>		
1. Entity Name GIPSON CONSULTING, INC.		
Principal Place of Business 14203 LORD BARCLAY DR. ORLANDO, FL 32837	Mailing Address 14203 LORD BARCLAY DR. ORLANDO, FL 32837	
<b>DO NOT WRITE IN THIS SPACE</b>		
		04232007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3710604
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GIPSON, LYNN 14203 LORD BARCLAY DR. ORLANDO, FL 32837		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) DATE: 4/23/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		<b>DO NOT WRITE IN THIS SPACE</b>  U000000733724 05/09/07-80096-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIPSON, LYNN 14203 LORD BARCLAY DR. ORLANDO, FL 32837	
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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:  DATE: 4/23/07 Daytime Phone #		