


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 043 ***150.00

DOCUMENT # P01000041720 1. Entity Name GAPASOM, CORP.					
Principal Place of Business 8911 DANIELS PARKWAY SUITE 3 FT MYERS, FL 33912			Mailing Address 15602 COPRA LN. FORT MYERS, FL 33908		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 8911 Daniels Parkway # 3 Suite, Apt. #, etc. City & State Fort Myers. Zip Country FL 33912			
4. FEI Number 65-1097753		<input type="checkbox"/> 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 SOMMER, GABRIELE c/o Gapasom Corp 15602 COPRA LN FORT MYERS, FL 33908 8911 Daniels Parkway #3 Ft. Myers, FL 33912			7. Name and Address of New Registered Agent Name Sommer Gabriele c/o Gapasom Corp Street Address (P.O. Box Number is Not Acceptable) 8911 Daniels Parkway # 3 City Ft. Myers FL Zip Code 33912		
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: <u><i>Gabriele Sommer</i></u> <u>04-18-2006</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOMMER, GABRIELE 15602 COPRA LANE FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOMMER Gabriele 8911 Daniels Parkway #3, Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Gabriele Sommer Gabriele Sommer</i></u> <u>04-18-2006</u> <u>239.466.1171</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					