

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087237

Entity Name: GAO, INC.

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

1529 CARMONA CT  
DELTONA, FL 32738

## New Principal Place of Business:

2503 PHEASANT RUN  
MCKINNEY, TX 75070

## Current Mailing Address:

1529 CARMONA CT  
DELTONA, FL 32738

## New Mailing Address:

2503 PHEASANT RUN  
MCKINNEY, TX 75070

FEI Number: 56-2302799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURKE, ROZENA  
1529 CARMONA CT  
DELTONA, FL 32738 US

## Name and Address of New Registered Agent:

BURKE, ROZENA  
2503 PHEASANT RUN  
MCKINNEY, FL 75070 US

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.

SIGNATURE: ROZENA BURKE

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BURKE, ROZENA  
Address: 1529 CARMONA CT  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: BURKE, LINTON  
Address: 1529 CARMONA CT  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BURKE, ROZENA  
Address: 2503 PHEASANT RUN  
City-St-Zip: MCKINNEY, TX 75070

Title: D (X) Change ( ) Addition  
Name: BURKE, LINTON  
Address: 2503 PHEASANT RUN  
City-St-Zip: MCKINNEY, TX 75070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINTON BURKE

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date