


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90104 038 ***150.00

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| DOCUMENT # P02000116077 | |  | |
| 1. Entity Name GAIL MORGAN REAL ESTATE, INC. | | | |
| Principal Place of Business 4445 N. HIGHWAY A1A SUITE 145 VERO BEACH, FL 32963 | | Mailing Address 4445 N. HIGHWAY A1A SUITE 145 VERO BEACH, FL 32963 | |
| 2. Principal Place of Business - No P.O. Box # 796 CYPRESS RD Suite, Apt. #, etc. | | 3. Mailing Address 796 CYPRESS RD Suite, Apt. #, etc. | |
| City & State VERO BEACH, FL | | City & State VERO BEACH, FL | |
| Zip 32963 | Country US | Zip 32963 | Country US |
| 4. FEI Number 03-0490542 | | 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 MORGAN, GAIL 4445 N HWY A1A SUITE 145 VERO BEACH, FL 32963 | | 7. Name and Address of New Registered Agent Name GAIL MORGAN Street Address (P.O. Box Number is Not Acceptable) 796 CYPRESS RD City VERO BEACH FL Zip Code 32963 | |
| 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 <i>X Gail Morgan</i> | | DATE | |
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MORGAN, GAIL 4445 N HWY A1A, SUITE 145 VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GAIL MORGAN 796 CYPRESS RD VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>X Gail Morgan</i> | | Date <i>4/30/07</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |