

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90133 024 ***158.75

DOCUMENT # P03000091826

1. Entity Name
GAIACOMM INTERNATIONAL CORPORATION



Principal Place of Business
**365 W SILVERTHORN LANE
ST AUGUSTINE, FL 32095**

Mailing Address
**365 W SILVERTHORN LANE
ST AUGUSTINE, FL 32095**

50006403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number
54-2122505

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, DAN J JR
365 W SILVERTHORN LANE
SAINT AUGUSTINE, FL 32095**

7. Name and Address of New Registered Agent

Name **DAVID H HORNE, JR.**

Street Address (P.O. Box Number is Not Acceptable)

1674 Westminister Ave

City **JACKSONVILLE**

FL

Zip Code **32210**

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

David H. Horne, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 01/26/2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HORNE, DAVID H JR.**
STREET ADDRESS **1674 WESTMINISTER AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 322101255**

TITLE **VDST** ☐ Delete
NAME **THOMAS, DAN J JR.**
STREET ADDRESS **365 W SILVERTHORN LANE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32095**

TITLE **D** ☐ Delete
NAME **COTTON, ROB S**
STREET ADDRESS **1522 DUKE HALLOW**
CITY-ST-ZIP **TREVERSE CITY, MI 49686**

TITLE **DC** ☐ Delete
NAME **BEN-HUR, JUDAH DR.**
STREET ADDRESS **19312 S. GUNLOCK AVENUE**
CITY-ST-ZIP **CARSON, GA 90746**

TITLE **D** ☐ Delete
NAME **HORNE, JAMES**
STREET ADDRESS **1675 COUNTRY WALK DR**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.I.C** ☒ Change ☐ Addition
NAME **Horne, DAVID H Jr.**
STREET ADDRESS **1674 Westminister Ave**
CITY-ST-ZIP **JACKSONVILLE, FL 32210-1255**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **COTTON, ROB S**
STREET ADDRESS **1522 DUKE HALLOW**
CITY-ST-ZIP **TRAVERSE CITY, MI 49686**

TITLE **D** ☒ Change ☐ Addition
NAME **BEN-HUR, Judah**
STREET ADDRESS **19312 S. Gunlock Ave**
CITY-ST-ZIP **CARSON, CA 90746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dan J Thomas Jr

DAN J THOMAS JR

1-24-06 904 3430429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #