

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90048 021 ***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
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2. Principal Place of Business - No P.O. Box # 1674 Westminister Ave	3. Mailing Address 365 W Silverthorn Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Ponte Vedra, FL
Zip 32210	Zip 32081
Country Duval	Country ST Johns

04182007 Chg-P CR2E034 (12/06)

4. FEI Number 54-2122505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HORNE, DAVID H JR 1674 WESTMINISTER AVE JACKSONVILLE, FL 32210	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC HORNE, DAVID H JR. 1674 WESTMINISTER AVENUE JACKSONVILLE, FL 322101255 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST THOMAS, DAN J JR. 365 W SILVERTHORN LANE SAINT AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS, DAN J JR 365 W SILVERTHORN LANE PONTE VEDRA, FL 32081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON, ROB S 1522 DUKE HALLOW TREAVARSE CITY, MI 49686 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COTTON, ROB S 1522 DUKE HALLOW TRAVERSE CITY, MI 49686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEN-HUR, JUDAH DR. 19312 S. GUNLOCK AVENUE CARSON, GA 90746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BEN-HUR, JUDAH DR. 19312 S. GUNLOCK AVE CARSON, CA 90746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, JAMES 1675 COUNTRY WALK DR ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

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:  **4-19-07** **904 601 9966** **904 343 0429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #