

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000091826**

1. Entity Name  
**GAIA COMM INTERNATIONAL CORPORATION**



Principal Place of Business  
**1674 WESTMINISTER AVE  
JACKSONVILLE, FL 32210**

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



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**HORNE, DAVID H JR  
1674 WESTMINISTER AVE  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PDC
NAME	HORNE, DAVID H JR.
STREET ADDRESS	1674 WESTMINISTER AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 322101255
TITLE	VDT
NAME	THOMAS, DAN J JR.
STREET ADDRESS	365 W SILVERTHORN LANE
CITY-ST-ZIP	PONTE VEDRA, FL 32081
TITLE	DS
NAME	COTTON, ROB S
STREET ADDRESS	1522 DUKE HALLOW
CITY-ST-ZIP	TRAVERSE CITY, MI 49686
TITLE	DTCO
NAME	BEN-HUR, JUDAH DR.
STREET ADDRESS	19312 S. GUNLOCK AVENUE
CITY-ST-ZIP	CARSON, GA 90746
TITLE	D
NAME	HORNE, JAMES
STREET ADDRESS	1675 COUNTRY WALK DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000938163  
05/27/08-80078-020 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]* **DAN J THOMAS JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-08 904 343 0429**

Date

Daytime Phone #