## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 30, 2008 8:00 am Secretary of State

DOCUMENT # P03000100181  1. Entity Name GIGAS HOMES, INC.				TO THE		90213 025 ***15	0.00
Principal Plac	e of Business	Mailing Address		_ 4nia	0410		
1906 NW FO Stuart, FL		1906 NW FORK ROAD Stuart, FL 34994					
:					TEIRE IIIN SUM COM S	- Hill hibih behir behiri hibbe heldi ki	) (67)    186)
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			ion Roa				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		05132008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 75-315		<del>  </del> -	oplied For ot Applicable
3 100	Country	ZIPQU	ountry		of Status Desired	\$8.75 Add	fitional
	6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New I		
TWOHEY:	CHRISTOPHER J ESQ. *		Name				
312 DENVER AVENUE STUART, FL 34994			Street Address (P.O. Box Number is Not Acceptable)				
			City		,	FL Zip Cod	e
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.							
<u> </u>							
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Regi	istered Agent signature requ	ired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Frust Fund Contribut				5.00 May Be dded to Fees	In accordance corporation did	with s. 607.193(2)(b), I not receive the prior i	F.S., the notice.
10.	OFFICERS AND DI	PECTORS	11.	ADDITIONS,	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11
TITLE		TECTORS				_	
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Hereby certify that the information supplied with this filling 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: \_

FED NAME OF SIGNING OFFICER OF DIRECTOR