


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
 May 01, 2006 08:00 A  
 Secretary of State

**DOCUMENT # P04000007995**

1. Entity Name  
**MICHAEL J GERALI STAIRS ETC, INC.**



Principal Place of Business  
**39101 GRAYS AIRPORT RD  
 LADY LAKE, FL 32159**

Mailing Address  
**39101 GRAYS AIRPORT RD  
 LADY LAKE, FL 32159**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0492175**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GERALI, MICHAEL J  
 39101 GRAYS AIRPORT RD  
 LADY LAKE, FL 32159**

**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: *MJ* Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstated) DATE: \_\_\_\_\_

**FILE NOW!! FEE IS \$100.00  
 After May 1, 2006 Fee will be \$250.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERALI, MICHAEL J 39101 GRAYS AIRPORT RD LADY LAKE, FL 32159
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 05/17/06-80051-010 150.00

**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 files empowered.

SIGNATURE: *MJG* SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Date: 4-26-06 Date                      Daytime Phone #