FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -7 PM 12:51

DOCUMENT # P04000024242

1. Entity Name

GAINES CONSORTIUM, INC.

DO NOT WRITE IN THIS SPACE

2/7/06 900310006 #150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6533 NW 2nd STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE FL.	City & State
Zip: 33063 Country: U.S.A.	Zip Country

4. FEI Number: 20-0736114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANKLIN GAINES

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

6533 NW 2ND ST

City: MARGATE FL FL Zip Code: 33063

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD NAME FRANKLIN GAINES STREET ADDRESS 6533 N.W 2nd STREET CITY-ST-ZIP MARGATE FL. 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500066251695 02-21-06--01012--012 **150.00
TITLE DV NAME RONAE GAINES STREET ADDRESS 6533 N.W 2nd STREET CITY-ST-ZIP MARGATE FL. 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GAINES CONSORTIUM, INC.
6533 NW 2ND STREET
MARGATE FL 33063

December 31st, 2005

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: GAINES CONSORTIUM, INC.
DOCUMENT#: P04000024242

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00 .

Please advise.

Your cooperation is appreciated.

Sincerely,

Franklin Gaines

FG/re