

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
VISION OF CORPORATION

06 FEB -7 PM 12:51

DOCUMENT # P0400024242	
1. Entity Name GAINES CONSORTIUM, INC.	

DO NOT WRITE IN THIS SPACE

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

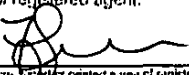
2/7/06 9 0031 006 \$150.00

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4. FEI Number 20-0736114		Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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	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  (NOTE: Registered Agent signature required when transferring) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN GAINES 6533 N.W 2nd STREET MARGATE FL. 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500066251695 02/07/06-01/01/07-01/01/07 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RONAE GAINES 6533 N.W 2nd STREET MARGATE FL. 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE OFFICER OR DIRECTOR

CR2E034B (12/02)

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