


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90021 044 \*\*\*158.75

<b>DOCUMENT # P04000027597</b> 1. Entity Name GAIL LANE ENTERPRISES, INC.	
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Principal Place of Business 112 CLAREMONT LANE UNIT #1 #2 PALM BEACH SHORES, FL 33404	Mailing Address 112 CLAREMONT LANE UNIT #1 #2 PALM BEACH SHORES, FL 33404
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**DO NOT WRITE IN THIS SPACE**

40110



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0638379	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCFARLAND, ALLANA  
112 CLAREMONT LANE  
UNIT #1 #2  
PALM BEACH SHORE, FL 33404

**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 Allana G. McFarland DATE 5/1/07

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP MCFARLAND, ALLANA # 112 CLAREMONT LANE UNIT #1 #2 PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCFARLAND, ALLANA #2 112 CLAREMONT LANE UNIT #1 #2 PALM BEACH SHORES, FL 33404
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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: Allana G. McFarland DATE 5/1/07 (561) 329-2484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR