

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027597

FILED
Apr 29, 2008
Secretary of State

Entity Name: GAIL LANE ENTERPRISES, INC.

Current Principal Place of Business:

112 CLAREMONT LANE
UNIT #2
PALM BEACH SHORES, FL 33404

New Principal Place of Business:

Current Mailing Address:

112 CLAREMONT LANE
UNIT #2
PALM BEACH SHORES, FL 33404

New Mailing Address:

FEI Number: 20-0638379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCFARLAND, ALLANA
112 CLAREMONT LANE
UNIT #4
PALM BEACH SHORE, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: MCFARLAND, ALLANA
Address: 112 CLAREMONT LANE UNIT #2
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: ST () Delete
Name: MCFARLAND, ALLANA
Address: 112 CLAREMONT LANE UNIT #2
City-St-Zip: PALM BEACH SHORES, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLANA MCFARLAND

PVP

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date