2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P04000034451 1. Enlity Name GABBY, INC.				04-30-2007 90	0477 005 ***150	0.00
Principal Place of Business	Mailing Address			6004562	9	
2316 PINE RIDGE ROAD	2316 PINE RIDGE ROAD			8004300	. L	
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Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03122007	Chg-P	CR2E034 (12/06)	
City & State	City & State		4. FEI Number 20-	0808440)	plied For t Applicable
Zip Country \$	Zip	Country	5. Certificate of	Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current	Name	7. Name and A	ddress of New Reg	Istered Agent	~~~	
SCHWEIKHARDT, KATHERINE A						
900 SIXTH AVENUE SOUTH, SUITE 203		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
NAPLES, FL 34102						
		City			FL Zip Code	9
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its re	egistered office or regis	lered agent, or both,	, in the State of Florid		and accept
SIGNATURE						
Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Campaig	n Financina 🔍 📞	5.00 May Be			
A	00 Trust Fund Contrit		dded to Fees			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23965927 Daylime Prione #