
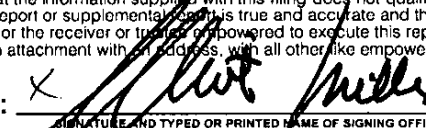


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90056 007 ***150.00

DOCUMENT # P04000047100 1. Entity Name GILLARD ENDOWMENT, INC.					
Principal Place of Business 960 ARTHUR GODFREY ROAD SUITE #116 MIAMI BEACH, FL 33140-3326			Mailing Address 960 ARTHUR GODFREY ROAD SUITE #116 MIAMI BEACH, FL 33140-3326		
2. Principal Place of Business - No P.O. Box # 5420 NORTH BAY RD		3. Mailing Address 5420 NORTH BAY RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 51-0582059	
Zip 33140		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, ELLIOT L 960 ARTHUR GODFREY ROAD SUITE #116 MIAMI BEACH, FL 33140-3326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5420 NORTH BAY City Miami Beach FL Zip Code 33140		
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 Elliot M. Miller 4-16-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ELLIOT L 960 ARTHUR GODFREY ROAD #116 MIAMI BEACH, FL 331403326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: X 			Date 4-16-08 Daytime Phone # 505-534-1313		