2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2005 8:00 am Secretary of State

DOCUMENT # P0400049928 1. Entity Name GAYLE ENTERPRISES OF BREVARD, INC.							05-18-2005	90030 048 ***	150.00	
Principal Place of Business Mailing Address										
820 FEE AVE. 820 FEE AVE.										
MELBOURNE, FL 32901 MELBOURNE, FL 32901										
								EDIN GJEFÐ ÍÐRÐ HUÐU NÁÐI		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Con An Anna		Suito Apt # ata	Suite, Apt. #, etc.		_					
Suite, Apt. #, etc.		Suite, Apr. #, etc.	Suite, Apr. #, stc.			02072005	Chg-P	CR2E034 (10/03	1)	
City & State		City & State	City & State			4 El Numbe	101-711	\ +	Applied For	
		7:-	Zip Country		100-11201		120116		Not Applicable	
Zip	Country Zip C		Coun	1 5 Certificate of Status Desired 1 1 3			□ \$8.75 A Fee Requi			
6.	Name and Address of Cur	rent Registered Agent				7. Name and Address of New Registered Agent				
CAVIT IEDD				Name						
GAYLE, JERR' 820 FEE AVE.	YVV		Street Add			O. Box Numbe	r is Not Acceptable)			
MELBOURNE,	FL 32901									
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				City				FL Zip Ci).de	
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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent argnature required when reinstating) DATE On the printed part of the printed part and title it applicable (NOTE, Registered Agent argnature required when reinstating)										
Signature, specify praties or registerior appratation in appratation (no. re., registerior required when reminaling).										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS	AND DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTO)RS IN 11	
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NAME			NAM	1						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS '-ST-ZIP						
12. I hereby certify	that the information supplied	d with this filing does not qualify f	or the exe	emption stated i	in Sect	tion 119.07(3)	i), Florida Statutes. I	further certify that th	e information	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legat effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowerest 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 all partners with an address, with a life in the ribe of the receiver										
$(\lambda_1, \lambda_2, \lambda_3)$										
SIGNATURE: 321-956-113										
		D OR PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR			Date	Daytima Phone		