## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000083546

1907 KATIE HILL WAY

WINDERMERE, FL 34786

Address: City-St-Zip:

Entity Name: GAUMS INC.

FILED Feb 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	E HILL WAY MERE, FL 34786	;			
Current Mailing Address:			New Mailing Address:		
	E HILL WAY MERE, FL 34786	;			
FEI Number	: 20-1194081	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cเ	rrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	IARAD E HILL WAY MERE, FL 34786	S US			
	named entity sue of Florida.	bmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[ SHAH, SHARAD 1907 KATIE HILL WINDERMERE, I		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () E SHAH, GITA 1907 KATIE HILL WINDERMERE, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S ()[ SHAH, GITA	Pelete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SHARAD SHAH PD 02/08/2008