

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.



<p>DOCUMENT # P04000112608</p> <p>1. Entity Name GERTIE'S, INC.</p>				
<p>Principal Place of Business 1835 CENTERVILLE ROAD TALLAHASSEE, FL 32308</p>		<p>Mailing Address 1835 CENTERVILLE ROAD TALLAHASSEE, FL 32308</p>		
<p>2. Principal Place of Business</p>		<p>3. Mailing Address</p>		
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>		
<p>City & State</p>		<p>City & State</p>		
Zip	Country	Zip	Country	
<p>6. Name and Address of Current Registered Agent</p>				
<p>WILLIAMS, JOHN P 1835 CENTERVILLE ROAD TALLAHASSEE, FL 32308</p>				
<p>Name</p>				
<p>Street Address</p>				
<p>City</p>				

A standard linear barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1435825	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
O. Box Number is Not Acceptable)	
FL	Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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

Date

Daytime Phone #